

<b>Case Number:</b>	CM15-0074935		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38-year-old male, who sustained an industrial injury on October 6, 2014. He reported being struck in the back by a container. The injured worker was diagnosed as having chronic pain syndrome, lumbosacral or thoracic neuritis or radiculitis, lumbar degenerative disc disease, and facet arthropathy. Treatment to date has included physical therapy, TENS, MRI, ultrasound, and medication. Currently, the injured worker complains of right lower extremity pain and numbness. The Primary Treating Physician's report dated April 1, 2015, noted the injured worker reporting significant improvement in symptoms with physical therapy, medications, and TENS. Current medications were listed as Gabapentin and Cyclobenzaprine. Physical examination was noted to show minimal low back pain with caudal compression of head. The treatment plan was noted to include continued physical therapy, continue medications, and request for a quantitative functional capacity evaluation (QFCE) of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cyclobenzaprine Hydrochloride tablets 7.5mg qty: 60.00 (Retrospective dos:04/01/2015):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines flexeril  
Page(s): 41.

**Decision rationale:** While the medical records provided for review indicate muscle pain and tenderness, the medical records do not indicate quantity or quality of specific degree of improvement or ongoing functional improvement as result of the medication. Prolonged or continued use of flexeril is not supported without documentation of specific functional gain. Therefore, this request is not medically necessary.