

<b>Case Number:</b>	CM15-0090434		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53 year old male who sustained an industrial lifting injury on 06/19/2013. The injured worker was diagnosed with lumbar sprain/strain with radiculitis and multilevel spondylosis. The injured worker was not considered a candidate for surgery. Treatment to date includes diagnostic testing, conservative measures, physical therapy, a right multi-level transforaminal lumbar epidural steroid injection on February 19, 2015, functional restoration pain management program evaluation on March 25, 2015 and medications. According to the primary treating physician's hand written progress report on March 26, 2015, the injured worker continues to experience low back pain with radiation into the right groin and leg. Examination demonstrated increased spasm, decreased range of motion with neuro testing intact. Current medications are listed as Hydromorphone, Naproxen, Cyclobenzaprine, Colace, Miralax and Zantac. Treatment plan consists of work restrictions if available or temporary total disability (TTD), follow medication regimen; attend follow up medical appointments and the current request for Cyclobenzaprine renewal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (cyclobenzaprine) Page(s): 41-42.

**Decision rationale:** The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on the drug previously, cyclobenzaprine cannot be considered medically necessary.