

<b>Case Number:</b>	CM15-0094984		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	05/10/2002
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old male, who sustained an industrial injury on May 10, 2002. He reported that while lifting a metal brace he felt a twinge in his low back. The injured worker was diagnosed as having status post hardware removal with revision fusion T10-S1, adjacent level disease T9-T10 with a vacuum phenomenon, and status post revision fusion T9-S1. Treatment to date has included acupuncture, right knee surgery, x-rays, T10-S1 hardware removal and revision fusion, MRI, lumbar spine CT, lumbar epidural steroid injection (ESI), and medication. Currently, the injured worker complains of ongoing excruciating back pain and pain in the knee. The Primary Treating Physician's report dated April 15, 2015, noted the injured worker focally tender at the thoracolumbar junction as well as bilateral paraspinals and superior iliac crest. The injured worker was noted to have an antalgic gait with restrictions to range of motion (ROM), and motor strength testing difficult to assess on the right due to severe knee pain. The treatment plan was noted to include recommendations and requests for authorization for a physical therapy program and a urine drug screen (UDS), with refills of Cyclobenzaprine and Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Cyclobenzaprine Page(s): 63-64.

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.