

<b>Case Number:</b>	CM13-0022277		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 55-year-old female with a 7/8/10 date of injury. At the time (8/8/13) of the request for authorization for cyclobenzaprine hydrochloride 7.5mg #120, there is documentation of subjective (persistent pain) and objective (palpable muscle spasms) findings. The current diagnoses include brachia neuritis or radiculitis NOS, lumbago, carpal tunnel syndrome, and lesion of ulnar nerve. The treatment to date includes medication including cyclobenzaprine hydrochloride for at least 7 months. There is no documentation that cyclobenzaprine hydrochloride is used as a second line option for short-term treatment; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of cyclobenzaprine hydrochloride.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZOPRINE HYDROCHLORIDE 7.5MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN, Page(s): 63-64. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Pain, Muscle relaxants (for pain), and Title 8, California Code of Regulations.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of brachia neuritis or radiculitis NOS, lumbago, carpal tunnel syndrome, and lesion of ulnar nerve. In addition, there is documentation of chronic low back pain and treatment with cyclobenzaprine hydrochloride for at least 7 months. However, there is no documentation that cyclobenzaprine hydrochloride is used as a second line option for short-term treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of cyclobenzaprine hydrochloride. Therefore, based on guidelines and a review of the evidence, the request for cyclobenzaprine hydrochloride 7.5mg #120 is not medically necessary.