

<b>Case Number:</b>	CM13-0028346		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/21/1996
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 physician 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:

This is a 48 y.o.male injured worker with date of injury 11/21/96 and is diagnosed with lumbar radiculitis. Patient underwent lumbar fusion 2/15/12. MRI completed 0/7/13 showed mild annular bulge with annular fissure and mild central stenosis and considerable atrophy and fatty infiltration of the posterior paraspinal muscles. The UR determination date was 9/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41 and 63..

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS indicates on page 63: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Page 41 notes "Treatment with cyclobenzaprine should be brief". The patient is not being treated for an acute exacerbation of chronic back pain, in addition, the physical examination of 8/29/13,

9/26/13, 10/29/13 did not document findings of acute muscle spasticity. The requested treatment is not medically necessary.