

<b>Case Number:</b>	CM13-0032206		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Georgia. 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:

The claimant is a 50-year-old male presenting with chronic pain following a work-related injury on November 2, 2009. On August 23, 2013 the claimant presented with low back pain and left knee pain rated at 4 out of 10 with medications. He noted a gradual increase in left lower extremity pain since discontinuing Zanaflex. The physical exam was significant for antalgic gait requiring the use of a 1 point cane. The claimant was labeled totally disabled. The claimant was diagnosed with lumbar disc displacement without myelopathy, pain in joint lower leg, and psychogenic pain. A claim was made for Cyclobenzaprine-Flexeril 7.5 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE-FLEXERIL 7.5 MG #90:** 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 Antispasmodics, Page(s): 64.

**Decision rationale:** According to the California MTUS Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The MTUS guidelines also

states that the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, the claimant already failed one previous anti-spasmodic, Zanaflex. Additionally the Cyclobenzaprine is prescribed in combination with other medications. Therefore, the request for Cyclobenzaprine-Flexeril 7.5 mg # 90, is not medically necessary and appropriate.