

<b>Case Number:</b>	CM13-0045848		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 56-year-old male injured on 8/5/13 due to reported continuous trauma. Current diagnoses include lumbago, transient arthropathy of the lower leg, and pain in the joint of the ankle and foot. The first report of occupational injury or illness dated 9/30/13 indicated the injured worker reported cervical spine pain with headaches rated at 6- 7/10 on the visual analog scale in addition to low back pain radiating to bilateral knees, left greater than right rated at 4- 8/10 on the visual analog scale. Additionally, the injured worker complained of ankle and foot pain. Objective findings were not provided for review. Initial request for cyclobenzaprine 7.5 mg #120 was initially non-certified on 10/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks)

treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation failed to provide objective findings significant for spasm necessitating the use of muscle relaxants. As such, the medical necessity of cyclobenzaprine 7.5 MG #120 cannot be established at this time.