

<b>Case Number:</b>	CM13-0052946		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/07/2006
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on March 7, 2006. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, adjuvant medications, psychotropic medications, and muscle relaxants. In an earlier note of June 5, 2013, the applicant was described as disabled. The applicant was described as using a variety of agents, including Mobic, Tizanidine, Catapres, Zolof, and Neurontin. On October 14, 2013, the applicant was again described as a disabled former scaffolder. Prescriptions for Catapres, Neurontin, Flexeril, Relafen, Effexor, and Norco were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFILL OF 90 CYCLOBENZAPRINE 7.5MG, 1-2 TABLETS AS NEEDED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is described as using numerous other agents, including Norco, Effexor, Relafen, Neurontin, Catapres, etc. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not certified.