

<b>Case Number:</b>	CM13-0055470		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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, has a subspecialty in 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 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 50 years old and had an original date of injury of October 21, 2007. The injured worker is documented to have chronic neck pain. The disputed issue is a request for Cyclobenzaprine. A utilization review determination noncertified this request on November 4, 2013. The cited rationale for the denial was that "there is no notation as to the duration of the current regimen, the claimant actually takes the medication (not just how it is prescribed), whether there are any side effects of medication, whether sleep hygiene has been discussed with the claimant, and whether the prescribing provider has taking into consideration any changes in the regimen."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CYCLOBENZAPRINE 7.5MG #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

**Decision rationale:** In the case of this injured worker, there is continue prescribing of Cyclobenzaprine as documented in progress notes in September, early October, late October, and

January 22, 2014. The note from January 22, 2014 does document that the pain without medications is a 10 out of 10 and the pain with medication is 8 out of 10. There is documentation of chronic spasms. There is documentation that the patient has been tolerating Flexeril without any side effects noted at every visit. The prescribed dose is within that recommended by the Chronic Pain Medical Treatment Guidelines. Therefore, despite the Chronic Pain Medical Treatment Guidelines recommendation for short term use, it appears that this patient is not suffering side effects and is getting analgesic benefit from this drug. This is recommended for certification.