

<b>Case Number:</b>	CM13-0055990		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/12/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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:

The patient is a 57-year-old who reported an injury on 06/13/2012. The mechanism of injury was not specifically stated. The patient is currently diagnosed as status post L4-S1 posterior lumbar interbody fusion and retained symptomatic lumbar spine hardware. The patient was seen by [REDACTED] on 09/18/2013. The patient reported ongoing lower back pain. Physical examination revealed tenderness to palpation without any neurological deficit. Treatment recommendations included a course of aquatic therapy and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of cyclobenzaprine hydrochloride 7.5 mg, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended as nonsedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously

utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of palpable muscle spasms, spasticity or muscle tension upon physical examination. The request for one prescription of cyclobenzaprine hydrochloride 7.5 mg, 120 count, is not medically necessary or appropriate.