

<b>Case Number:</b>	CM13-0060035		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Tennessee. 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:

This is a 57-year-old patient with a 3/27/09 date of injury. The mechanism of injury was when he was lifting a bed into a truck, which resulted in acute onset of low back complaints. According to progress notes dated 9/18/13, the patient complained of neck pain with pain radiating into the bilateral lateral posterior arms and hands. The patient also complained of lower back pain with pain radiating into the bilateral posterior legs. The injured worker also reported constant numbness in the last 3 digits of the left foot. The following were the objective findings: palpable muscle spasms next to the spinous processes. The diagnostic impression was: lumbar disc disease with myelopathy, spinal stenosis of lumbar region, and spinal stenosis in cervical region. The treatments to date are the following: medication management, activity modification, acupuncture therapy. A UR decision dated 11/18/13 denied the request for Cyclobenzaprine. The physician indicated that the patient used this medication on an infrequent basis with the prescription lasting up to 6 months. However, the prescription should not be refilled prior to six months without further evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment 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. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the reports reviewed, the patient has been taking Cyclobenzaprine since at least 8/19/13, if not earlier. A specific rationale identifying why this medication is required in this patient despite lack of supporting guidelines was not identified. Therefore, the request for Cyclobenzaprine 7.5 mg #60 was not medically necessary.