

<b>Case Number:</b>	CM13-0061771		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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, 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 patient is a 55 year old with multiple orthopedic diagnoses including Cervical Degenerative Disc Disease, Lumbar Degenerative Disc Disease, Double Crush Injury and Internal Derangement of both knees. The Date of Injury is Cumulative Trauma of 8/21/1981 to 12/3/2012. Treatments were outlined in [REDACTED] AME report including a right ACL repair in 1994. Medical records from the following physicians were reviewed. 1. [REDACTED], 7 Oct 13 Orthopedic AME 2. [REDACTED], 4 Sep 13. Internal Med AME 3. [REDACTED] the PTP: 18 Mar 2013, diagnosis cervical/lumbar discopathy, carpal tunnel/double crush syndrome, internal derangement bilateral knees. 1 Jul 13. Lumbar spasms noted. Rational stated for Flexeril prescription is the treatment of cervical and lumbar muscle spasms. 4. [REDACTED], 08/15/2013 Pain Management Consultation was reviewed. The records show the patient has evidence of myospasm in his neck and back. The issue is the request is for the anti-spasmodic Flexeril , at QID dosing with a 30 day supply. The issue at dispute is the one month supply of Flexeril for muscle spasm. [REDACTED] RFA (no PR-2 was found) of 28 Oct 13 states myospasm of the spine is noted and that Flexeril is to be used for short time and the patient has had relief with this medication in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Pain Intervention and Treatments Page(s): 41-43, 63-64.

**Decision rationale:** MTUS/Chronic pain guidelines allow for a short course of medications with greatest relief noted in the first 4 days. This medication should be prescribed three times per day. One RFA (without PR-2) states past use of Cyclobenzaprine has been helpful for spasm. The prescription as written is for 30 days and four times a day on a schedule. Therefore, the prescription as written is not medically necessary.