

<b>Case Number:</b>	CM13-0065920		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Interventional Spine 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 41 year old male with an injury date of 07/28/03. Based on the 10/04/13 progress report provided by [REDACTED], the patient's diagnosis include the following: 1) cervical spine discopathy 2) lumbar discopathy with radiculitis and facet arthropathy 3) tear of medial and lateral menisci right knee 4) torn medial meniscus left knee with chondromalacia patella; status post incomplete left knee arthroscopy and 5) left foot internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 64.

**Decision rationale:** According to the 10/04/13 progress report, the patient presents with persistent low back pain and bilateral knee pain. The request is for Cyclobenzaprine hydrochloride tablets 7.5 mg #120. The first report provided from 06/28/13 mentions that Cyclobenzaprine "Has been provided to the patient for the palpable paravertebral muscle spasms

noted in the cervical and lumbar spine. The patient described having relief of these symptoms with the use of this medication in the past." It is not stated when the patient has previously taken Cyclobenzaprine. The 10/04/13 progress report also gives the patient a prescription of Cyclobenzaprine. None of these two progress reports provided indicates how Cyclobenzaprine gave functional improvement and pain relief. According to the MTUS guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2-3 weeks." Based on the review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. The request is found to be not medically necessary.