

<b>Case Number:</b>	CM13-0071521		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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, 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 a 53-year-old who reported an injury on August 16, 2005. The mechanism of injury was not made clear in the documentation provided. The clinical note dated October 3, 2013 noted the injured worker reported ongoing neck, mid back and low back and bilateral lower extremity complaints as well as upper extremity complaints. The injured worker rated the pain a 7-8/10 with radiation of pain and numbness and tingling in his bilateral lower extremities to his foot. The documentation provided noted the injured worker is taking oxycodone and Flexeril, Percocet, Prilosec, Senna, and Ambien. The physical exam noted tenderness to palpation to the cervical, thoracic and lumbar paraspinal. Spasms were also noted with a markedly decreased range of motion of the cervical and lumbar spine. The physical exam also noted decreased sensation left L3, L4, L5 and S1 dermatomes. The request for authorization for cyclobenzaprine was provided dated 07/09/2013. The provider request a refill on CYCLOBENZAPRINE 7.5MG #60.

### 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 Muscle Relaxants (for Pain) Section..

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

**Decision rationale:** The injured worker reported ongoing neck, mid back and low back and bilateral lower extremity complaints as well as upper extremity complaints the injured worker rated the pain a 7-8/10 with radiation of pain and numbness and tingling in his bilateral lower extremities to his foot. The documentation provided noted the injured. The injured worker is taking oxycodone and flexeril, Percocet, Prilosec, senna, and Ambien. The physical exam noted tenderness to palpation to the cervical, thoracic and lumbar paraspinal. Spasm were also noted with a markedly decreased range of motion of the cervical and lumbar spine. They physical exam also noted decreased sensation left L3, L4, L5 and S1 dermatomes. The Chronic Pain Medical Treatment Guidelines recommend cycobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. Treatment should be brief the addition of cyclobenzaprine to other agents is not recommended. There is a lack of documentation of the length in treatment with cyclobenzaprine provided. The guidelines recommend this medication to only be used for a short course of therapy. The request for cyclobenzaprine 7.5mg, sixty count, is not medically necessary or appropriate.