

<b>Case Number:</b>	CM14-0001753		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/11/1999
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Family Medicine, 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 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:

This injured worker's date of injury was 10/11/1999. Her healthcare provided is treating her for chronic mid back pain and muscular spasms. The request is for a prescription of Cyclobenzaprine, a muscle relaxer

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The patient's treating clinician states in her note dated 12/17/13 the patient's date of injury is 1999 and the patient is being treated for costo-thoracic joint dysfunction, costochondritis and muscle spasms. All of these problems are chronic. No musculoskeletal exam is documented. Cyclobenzaprine is indicated in the treatment of acute back pain, when used for a short course of therapy. Adding this agent to other agents is not recommended. Based on the documentation in this case, the request for Cyclobenzaprine is non-certified