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| <b>Case Number:</b>   | CM14-0003456 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 02/24/2012 |
| <b>Decision Date:</b> | 06/19/2014   | <b>UR Denial Date:</b>       | 12/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2014 |

### 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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and Texas. 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 65-year-old male with a reported date of injury on 02/24/2012. The mechanism of injury was a motor vehicle accident. A progress note dated 09/09/2013 reported the injured worker completed physical therapy with no benefits and two lumbar epidural injections which provided relief for approximately one week. The injured worker was prescribed Vicodin, Mobic, and muscle relaxers. A progress note dated 10/09/2013 reported the injured worker complained of low back pain with bilateral radicular symptoms. Range of motion testing of the lumbar spine was performed which revealed the flexion was 45/90 degrees, extension was 20/30 degrees, right bending was 15/30 degrees, and left bending was 20/30 degrees. The injured worker diagnoses including myoligamentous strain of the lumbar spine with radicular symptoms bilaterally, and rule out recurrent herniated nucleus pulposus. The x-rays of the lumbar spine dated 10/26/2013 reported post lumbar fusion status, alignment and apposition satisfactory. The request for authorization form was dated 12/16/2013 for cyclobenzaprine 7.5mg #60 for myoligamentous strain of the lumbar spine with radicular symptoms bilaterally. The request is for Cyclobenzaprine 7.5mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG QUANTITY 60:** Upheld

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

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

**Decision rationale:** The injured worker has been utilizing muscle relaxants for at least 6 months ago. The California Chronic Pain Medical Treatment guidelines recommend using Cyclobenzaprine as an option, for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting shorter courses may be better. The injured worker has been utilizing muscle relaxants in the past along with non-steroidal anti-inflammatory drugs (NSAIDs) and he received two epidural steroid injections without significant benefit. It was unclear if the previous treatment with muscle relaxants was effective. The requesting physician did not include adequate documentation indicating the injured worker had significant improvement with the medication. Therefore, the request is non-certified.