

<b>Case Number:</b>	CM14-0003624		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational 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 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:

There were 55 pages provided for review. The request was for Cyclobenzaprine. The application for independent medical review was submitted on January 19, 2014. Per the records provided, this is a 55-year-old male driver reportedly struck his right knee against a trailer door many years ago in 2003, and this resulted in multiple injuries. He had chronic low back pain, lumbar disc derangement of multiple levels, lumbar radiculitis and radiculopathy, bilateral knee pain, chondromalacia patella bilaterally and a right shoulder strain due to chronic use of the cane in the right hand. He also is posterior right knee arthroscopy in 2006 and a left knee arthroscopy in 2007. He continued with complaints of moderate to severe low back pain with radiating pain into the right lower extremity with intermittent numbness and tingling in the right lower extremity. The patient has some partial relief with medicine. It is not clear what the significant functional benefits have been. There is no documentation of significant muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL, FEXAMID).

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

**Decision rationale:** The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.