

<b>Case Number:</b>	CM14-0004939		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 female who was injured on February 15, 2011. Mechanism of injury is not specified. The included clinical documents indicate that the injured worker was taking Flexeril on a chronic basis and was receiving a prescription of monthly from at least September 10, 2013. Diagnoses include cervical multi-ligament sprain/strain with left upper extremity radiculitis, disc protrusion, facet hypertrophy. The previous utilization review in question was rendered on December 17, 2013. The reviewer recommended non-certification of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCL 7.5MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS FOR PAIN,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends against the chronic use of muscle relaxants in the management of low back pain. Based on clinical documentation

provided, the injured worker appears to be utilizing this medication chronically for at least three (3) months prior to the review. The request is considered not medically necessary.