

<b>Case Number:</b>	CM14-0009889		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/22/1998
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	01/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Family Medicine and is licensed to practice in Tennessee, California and Florida. 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 57 year old female who had date of injury of 01/22/98. Per the submitted clinical records the injured worker had failed cervical surgery syndrome, upper extremities radiculopathy, and chronic pain syndrome. The most recent clinical note dated 12/30/13 indicated the injured worker currently has a VAS score of 7/10. She reports right upper and lower extremity weakness, numbness in right upper extremity, and stiffness of the neck. She has a surgical history that includes a right carpal tunnel release and two cervical spine surgeries. On physical examination no objective findings were documented. She was continued on medication profile that includes Ambien 10mg, Vicodin 5mg and Cyclobenzaprine 10mg. Utilization review dated 01/18/14 non-certified the request for Cyclobenzaprine 10mg was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Fexamid) Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The request for Cyclobenzaprine 10mg is not supported as medically necessary. The submitted clinical records are limited and dated. No recent clinical records were submitted. Per the 12/30/13 note, the injured worker has a failed cervical surgery syndrome, upper extremity radiculopathy, and chronic pain syndrome. Physical examination on this date provides no evidence of active myospasm. Given that the clinical information is dated and noting the absence of myospasm on examination the request for cyclobenzaprine 10mg would not be supported as medically necessary.