

<b>Case Number:</b>	CM14-0105947		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/26/1999
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 and is licensed to practice in California and Washington. 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 61-year-old male who reported an injury on 08/26/1999. The mechanism of injury was not stated. Current diagnoses include cervical spondylosis and cervical radiculopathy. The injured worker was evaluated on 05/19/2014. Current medications include cyclobenzaprine 7.5 mg, diazepam 5 mg, Norco 10/325 mg, Protonix 20 mg, and tramadol 50 mg. Physical examination revealed hypertonicity in the cervical spine, limited cervical range of motion and intact peripheral pulses in the upper extremities. Treatment recommendations at that time included prescriptions for tramadol 50 mg and cyclobenzaprine 7.5 mg, as well as a referral for acupuncture treatment. A Request for Authorization form was then submitted on 06/03/2014 for tramadol 50 mg and cyclobenzaprine 7.5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 7.5mg qty:90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The injured worker has utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. California MTUS Guidelines do not recommend long term use of muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.