

<b>Case Number:</b>	CM14-0011576		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 65 year old male who sustained a work-related injury 9 years ago. As a result of that injury, he has been diagnosed with sprain of the cervical spine with radiculities, tendinitis of both shoulders, tendinitis in the wrist. He is has had a lumbar laminectomy. The patient takes Norco on an as needed basis. He is using a TENS unit and an inversion table. He has had ketorolac and xylocaine injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 10 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Cyclobenzaprine is a tricyclic muscle relaxant that has been recommended for a short-course of therapy shortly after the injury, with the greatest effect appearing 4 days after treatment. It is not currently recommended for long-term use beyond 2-3 weeks. Therefore, cyclobenzaprine #30 is not medically necessary.