

<b>Case Number:</b>	CM14-0115465		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 and Rehabilitation, Pain 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:

The injured worker is a 46-year-old female who reported an injury on 09/27/2012. The mechanism of injury was not provided for clinical review. The diagnoses included L5-S1 herniated nucleus pulposus, lumbar spine myofascial pain syndrome, right lower extremity pain and paresthasias, sleep disorder, anxiety/depression, and severe left lateral recess stenosis. Previous treatments included epidural steroid injections, medications, and physical therapy. Within the clinical note dated 05/23/2014, it was reported that the injured worker complained of constant and moderately severe low back pain. She rated her pain at 7/10 to 9/10 in severity with radiation to the right lower extremity associated with numbness and tingling. Upon physical examination, the provider noted the lumbar spine range of motion revealed flexion at 25 degrees and extension at 5 degrees. The injured worker had a positive straight leg raise, Braggard's, and bowstring test. The provider noted the injured worker had sensory deficits noted over the right L5 and S1 dermatome. The injured worker's deep tendon reflexes were diminished over the right S1. The provider requested Cyclobenzaprine for muscle spasms. The request for authorization was provided and submitted on 05/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg, Count 90.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013.

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

**Decision rationale:** The request for Cyclobenzaprine HCl 10 mg #90 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guideline recommendations of short-term use of 2 to 3 weeks. Therefore, the request is not medically necessary.