

<b>Case Number:</b>	CM14-0140976		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational 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 25 year-old male with a date of injury on July 24, 2012. He is diagnosed with (a) cervical spine sprain/strain, (b) thoracic spine sprain/strain, (c) lumbar spine disc disease with facet joint osteoarthritis, herniated nucleus pulposus with neuroforaminal stenosis, and bilateral lower extremity radiculopathy and (d) bilateral shoulder tendinitis, acromioclavicular joint osteoarthritis and impingement. Per the medical report dated July 18, 2014, the injured worker was seen with complaints of pain in the cervical, thoracic and lumbar spine and bilateral shoulders. He also reported numbness and tingling sensation to the upper and lower extremities. A physical examination showed tenderness and spasm over the bilateral paraspinal and gluteal muscles of the lumbar spine. Range of motion was decreased on flexion. The injured worker continued to report occasional pain, soreness and stiffness during his evaluation on August 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-64, 41.

**Decision rationale:** Based on the available medical records, the injured worker has been utilizing Cyclobenzaprine since May 2014. Evidence-based guidelines redundantly emphasize that antispasmodics are recommended for short-course therapy only. The guidelines specifically mention that Cyclobenzaprine is not recommended to be used for longer than two to three weeks. Given such, the medical necessity of the requested Cyclobenzaprine 5 mg #90 is not established.