

<b>Case Number:</b>	CM14-0155252		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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:

This patient is a 39 y/o female who has developed a wide spread chronic pain syndrome subsequent to a slip and fall on 2/24/09. She has pan spinal pain with the lumbar component rated at a 2-6 depending upon activity levels. She also has cervical and thoracic pain. She has electrodiagnostic positive bilateral carpal tunnel syndrome. The low pain is described to radiate into the buttocks and feet bilaterally. No muscle or reflex loss is noted. On the right side a diminished sensation to light touch is noted in the L4 distribution. In addition to oral NSAIDs multiple compounded oral and topical mixes have been dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 10mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS Guidelines discourage the use of muscle relaxants in conjunction with NSAIDs for low back pain; however this patient is being treated for pain and spasms affecting multiple areas in addition to low back pain. The Guidelines also specifically state that

Cyclobenzaprine is not recommended for use beyond 2-3 weeks. Longer term use is not supported by Guidelines. The amount #60 at the recommended 2-3 per day meets the maximum amount that is Guidelines recommended. Therefore the request for Cyclobenzaprine 10mg. #60 is medically necessary.