

<b>Case Number:</b>	CM14-0167556		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 3/22/07. He was seen by his primary treating physician on 8/22/14. He had complaints of pain in areas including his neck, shoulders and low back (left > right sided). He used medications to control his symptoms. His exam showed cervical spine tenderness to palpation with spasm over the bilateral paravertebral musculature and upper trapezius muscles. Spurling's maneuver elicited neck pain. He had limitations in cervical range of motion. His diagnoses were cervical/trapezial musculoligamentous sprain/strain with multiple disc desiccation at multiple levels with central and foraminal stenosis per MRI of 9/13, bilateral elbow lateral epicondylitis and lumbar musculoligamentous sprain/strain with right lower extremity radiculitis. At issue in this review is the request for cyclobenzaprine. Prior length of therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine) 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2007. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. The medical necessity of cyclobenzaprine is not supported in the records.