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| <b>Case Number:</b>   | CM14-0178916 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 01/27/2011 |
| <b>Decision Date:</b> | 12/10/2014   | <b>UR Denial Date:</b>       | 10/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2014 |

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery in August 2013; opioid therapy; topical agents; and extensive periods of time off of work. In a Utilization Review Report dated October 23, 2014, the claims administrator retrospectively approved a request for Norco while retrospectively denying a request for cyclobenzaprine. The reported date of service was August 20, 2014. In the said October 20, 2014 progress note, the applicant reported ongoing complaints of chronic low back pain. It was acknowledged that the applicant was not working. The applicant reported a recent flare in low back pain. The applicant was reportedly using Norco and LidoPro, it was noted. The applicant's pain was scored at 7/10. In one section of the note, it was stated that the applicant was using Norco, Norflex, and LidoPro. At the bottom of the report, the applicant was asked to pursue acupuncture. Norco and cyclobenzaprine were endorsed. The applicant was asked to pursue eight sessions of acupuncture. Permanent work restrictions were renewed. The applicant was not working with said permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 7.5mg, DOS 8/20/14 QTY 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. Here, the applicant is, in fact, concurrently using Norco. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.