

<b>Case Number:</b>	CM14-0021041		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Therapy, 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 crown [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of November 19, 2012. Thus far, the applicant has been treated with analgesic medications, muscle relaxants, unspecified amounts of physical therapy, and epidural steroid injection therapy. On May 23, 2013, the applicant underwent an epidural steroid injection. In a handwritten note dated November 20, 2013, the applicant was described as reporting constant low back pain, 7/10, radiating into the bilateral lower extremities. The applicant was given prescriptions for tramadol, Flexeril, Protonix, and gabapentin. A pain management consultation and spine surgery consultation were sought while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG BID #90:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine to the mix is not recommended. No applicant-specific information, narrative commentary, or medical evidence was furnished so as to offset the unfavorable MTUS position on addition of cyclobenzaprine to other agents. Therefore, the request is not medically necessary.