

<b>Case Number:</b>	CM14-0022435		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old male who has submitted a claim for cervical radiculopathy and carpal tunnel syndrome associated with an industrial injury date of October 10, 2010. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at cervical and low back areas, graded 5/10 in severity. Physical examination showed absent right triceps reflex, positive facet provocation test bilaterally, weak right biceps graded 3+/5, and dysesthesia at right C7 dermatome. Muscle spasm was evident at lumbar and cervical areas. Treatment to date has included left carpal tunnel release, cervical epidural steroid injection, physical therapy, and medications such as clonazepam, gabapentin, cyclobenzaprine, ibuprofen, Norco, and Klonopin. Utilization review from 02/11/2014 denied the request for cyclobenzaprine 7.5mg, #60 because chronic intake is not advisable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on muscle relaxant since July 2013. Although the most recent physical examination still showed presence of muscle spasm, long-term use is not recommended. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Cyclobenzaprine 7.5 #60 is not medically necessary.