

<b>Case Number:</b>	CM14-0024453		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Texas. 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 37 year old male who sustained an injury on 07/17/12 while utilizing a machine. The injured worker developed complaints of low back pain radiating to the lower extremities. The injured worker was status post bilateral laminectomy, partial facetectomy, and discectomy L4-5 and L5-S1 on 01/06/14. Post-operative follow up with [REDACTED] on 01/15/14 noted that the injured worker felt markedly improved following surgery. Physical examination findings were unremarkable at this visit. The injured worker was recommended to continue with medications including Norco, Flexeril, Prilosec, and Doxidan. A follow up on 02/12/14 again noted physical examination findings within normal limits. The injured worker was considered for post-operative physical therapy. The requested cyclobenzaprine 7.5mg #60 prescribed on 01/15/14 was denied by utilization review on 02/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: 60 CYCLOBENZAPRINE 7.5MG (DOS 1/15/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 63-67 Page(s): 63-67.

**Decision rationale:** In regards to the request for cyclobenzaprine 7.5mg quantity 60 prescribed on 01/15/14, this medication would not have recommended as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker had a prior lumbar decompression procedure in December of 2013. Post-operative follow up evaluations did not identify any evidence of ongoing muscular spasms that would support the use of muscle relaxers such as cyclobenzaprine. Given the negative objective findings for ongoing muscular spasms that would require short term use of this class of medications, this request cannot be recommended as medically necessary.