

<b>Case Number:</b>	CM14-0025463		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports 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 injured worker is a 58 year old male who reported an injury on 12/09/2009 due to lifting. The progress note dated 02/03/2014 stated the injured worker had complaints of back pain radiating from low back down both legs. Pain with medication was 3/10, without medication 6/10. The injured worker denied any new problems or side effects. Documentation of urine toxicology screens were made in the report but not submitted. Range of motion was restricted with flexion limited to 30 degrees, extension limited to 20 degrees., right lateral bending limited to 30 degrees, left lateral bending limited to 50 degrees, and lateral rotation to right limited to 50 degrees. Lumbar facet loading is positive at degrees. Faber test is positive. Ankle jerk is 2 out of 4 on the right and 3 out of 4 on the left. Patellar jerk is 2 out of 4 on the right and 3 out of 4 on the left. Motor examination was normal. MRI of the lumbar spine without contrast showed disc desiccation from L3-4 through L5-S1 levels. Mild to moderate disc space narrowing at the L4-5 level. Moderate disc space narrowing seen at the L5-S1 level. Current diagnoses for the injured worker was spinal/lumbar degenerative disc disease and spasm of muscle. Past treatments reported were TENS unit and medications. Medications were Lidoderm patch, gabapentin 300mg two twice daily, tramadol Hcl 50mg one twice daily as needed, cyclobenzaprine 7.5mg one twice daily as needed. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG, TAKE ONE PILL TWICE DAILY AS NEEDED, QUANTITY 60, REFILL TIMES ONE, FOR THE LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** The injured worker has been taking cyclobenzaprine for at least one year according to the document submitted. California Medical Treatment Utilization Schedule recommends cyclobenzaprine as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. The injured worker does not have physical therapy or any type of therapy documented in the submitted report. Therefore, the request is not medically necessary.