

<b>Case Number:</b>	CM14-0035526		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine and Rehabilitation, 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 28-year-old male who reported an injury on 01/17/2011. The injury reportedly occurred to his lower back when he tried to catch a freezer that was falling over. The injured worker diagnoses include lumbar spine musculoligamentous sprain/strain and lumbar radiculopathy. His previous treatments include chiropractic treatment, physical therapy, and medications. At his followup visit on 02/19/2014, it was noted that the injured worker rated his low back and leg pain at 5/10 to 6/10. It was noted that his medications included tramadol and Fexmid. It was also noted that he was participating in exercises at home and was working with modified duty. A request for authorization was submitted on 02/20/2014. A rationale for the request for cyclobenzaprine 7.5mg was not provided within the medical records submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CYCLOBENZAPRINE 7.5MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-4.

**Decision rationale:** According to the California MTUS Guidelines, cyclobenzaprine may be recommended for a short course of therapy, but a recommendation for chronic use cannot be made based on limited evidence. The MTUS guidelines further specify that use of cyclobenzaprine should be limited to two to three weeks. The clinical information submitted for review indicates that the injured worker has been utilizing cyclobenzaprine for long-term therapy. As the MTUS guidelines recommend use no longer than two to three weeks, continued use is not supported. In addition, the documentation submitted for review failed to provide detailed documentation regarding outcome with use of this medication including whether the patient sustained sufficient pain relief as evidenced by numeric pain scales with use of this medication. For the above reasons, the request for cyclobenzaprine is non-certified.