

<b>Case Number:</b>	CM14-0038712		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Pain Management, and is licensed to practice in Texas and Oklahoma. 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 50-year-old male who reported an injury on 5/23/12. The mechanism of injury was not stated. Current diagnoses include chronic pain and lumbar radiculopathy. The injured worker was evaluated on 6/4/14 with complaints of lower back pain and left lower extremity symptoms. The current medication regimen includes Norco and Flexeril. Physical examination revealed no acute distress, a mildly antalgic gait, minimal tenderness to palpation, limited range of motion, and diminished motor strength in the lower extremities. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg tablets #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state that muscle relaxants are recommended as a nonsedating second line option for short term treatment of acute

exacerbations. Cyclobenzaprine should not be used for longer than 2-3 weeks. The injured worker has continuously utilized this medication since February 2014. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is no frequency listed in the current request. As such, the request is not medically necessary.