

<b>Case Number:</b>	CM14-0039339		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Medicine and is licensed to practice in Nevada. 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 61 year old female who is reported to have sustained multiple injuries as a result of a rear end motor vehicle collision occurring on 07/10/09. On 07/10/09 it is reported that the restrained passenger in a vehicle that was rear ended sustaining injuries to the right elbow, right knee, right shoulder, and low back is noted. The records indicate the injured worker later developed complaints of cervical pain. It is noted the injured worker has received conservative management and is largely maintained on oral medications. She has continued complaints of numbness, tingling, and sharp pain radiating down her right lower extremity to the ankle. On physical examination, she is noted to have a right antalgic gait. Decreased cervical lordosis is noted. There is moderate tenderness to palpation and spasms of the cervical paraspinal musculature. There is facet tenderness to palpation from C3 to C7. An examination of the lumbar spine notes diffused tenderness and spasms to palpation over the lumbar paraspinal musculature. There is moderate facet tenderness to palpation from L4 through S1. Kemp's test is positive bilaterally. Lumbar and cervical range of motion is reduced. Motor strength is graded as 5/5 with the exception of the right knee extensors and hip flexors graded 4/5. Reflexes are 2+ and symmetric. The record includes a utilization review determination dated 03/25/14 in which a request for Cyclobenzaprine Hydrochloride 7.5mg #90 was not recommended as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5mg #90 dispensed on 1/14/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine -Muscle relaxant Page(s): 64.

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

**Decision rationale:** The submitted clinical records indicate that the injured worker has sustained cervical and lumbar myofascial injuries as a result of a motor vehicle collision. The submitted clinical records clearly document the presence of myospasms on physical examination for which this medication would be clinically indicated. As such, the request of Cyclobenzaprine Hydrochloride 7.5mg #90 dispensed on 1/14/14 is medically necessary and appropriate in accordance to MTUS guidelines.