

<b>Case Number:</b>	CM14-0044859		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 23, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; carpal tunnel release surgery; topical compounds; and muscle relaxants. In a handwritten request for authorization form dated May 23, 2014, the attending provider sought authorization for Norco, cyclobenzaprine, and gabapentin. In a handwritten note dated May 6, 2014, the applicant reported persistent complaints of low back pain, bilateral wrist pain, psychological distress, and sleep disturbance. 8/10 pain was noted. The note was handwritten. A left-sided carpal tunnel release surgery was sought. The applicant's work status was not provided on this occasion, although it did not appear that the applicant was working. On April 1, 2014, the applicant was asked to remain off of work, on total temporary disability, through May 13, 2014. There was no mention of medication efficacy on this date, either.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5 mg #120 1 tablet TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Muscle Relaxants; Anti-epilepsy drugs Page(s): 63; 16.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Norco and gabapentin. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.