

<b>Case Number:</b>	CM14-0057400		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Texas. 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 43 year old male injured on 05/20/13 when stepping down from a ladder causing injury to the right foot/ankle. Initial treatments included medication and physical therapy. The diagnoses include lumbar spine disc protrusion L3-5, lumbar spine sprain/strain, and right ankle sprain/strain. The clinical note dated 03/26/14 indicates the injured worker presented complaining of cervical spine, lumbar spine, and right ankle pain rated at 3-6/10 on the visual analog scale. The injured worker also complained of spasm. The injured worker reported right ankle pain was improvement with treatment. The objective findings included decreased lumbar spine range of motion, tenderness to right ankle and paraspinals on palpation, positive Lasague's bilaterally, and positive shoulder decompression. Treatment plan included chiropractic treatment 1 time a week for 4 weeks. The initial request for cyclobenzaprine HCL 7.5 mg #90 was non-certified on 04/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 7.5 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Cyclobenzaprine HCL 7.5 mg #90 cannot be established at this time.