

<b>Case Number:</b>	CM14-0062341		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 60 year old male was reportedly injured on August 18, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of muscle spasms swelling, loss of strength, and pain in the thoracic spine. The injured employee stated he is able to increase his physical activity. There was no focused physical examination performed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medication. A request was made for Cyclobenzaprine and was not certified in the preauthorization process on April 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

**Decision rationale:** Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, "muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbations of chronic low back pain." According to the most recent progress note dated June 20, 2014, there are spasms present on physical examination. However the injured employee was prescribed Cyclobenzaprine for an extended period of time and this request for an additional ninety tablets does not indicate occasional episodic usage. Therefore this request for Cyclobenzaprine 7.5mg #90 is not medically necessary.