

<b>Case Number:</b>	CM14-0073566		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 records, presented for review, indicate that this 51 year old male was reportedly injured on May 26, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of muscle spasm. The physical examination was not presented. Diagnostic imaging studies were not reviewed. Previous treatment included muscle relaxant medication. A request was made for Cyclobenzaprine and was not certified in the preauthorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

**Decision rationale:** As noted by the requesting provider in his note, the literature does not support the long term use of this type of medication. The efficacy is not established. The side effect profile is significant and the literature will not endorse such application. Based on the medical records, this is not medically necessary.

