

<b>Case Number:</b>	CM14-0090133		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Management and is licensed to practice in Georgia. 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 claimant is a 50 year old male presenting with chronic pain following a work related injury on 09/24/2012. The claimant reported neck, low back and right wrist pain. The claimant is status post right wrist fusion on 12/12. The claimant has a history of right elbow ankyloses. MRI of the lumbar spine on 10/2/2013 showed mild degenerative disc disease and facet arthropathy with L4-5 mild to moderate left and L5-S1 moderate left neural foraminal narrowing with annular fissuring and L5-S1 caudal right neural foraminal narrowing. The physical exam showed diffuse tenderness to palpation of his cervical, thoracic and lumbar spine, decreased range of motion throughout all planes of the cervical, thoracic and lumbar spines, decreased sensation in the left C6 dermatomes, with 4/5 strength in left upper extremity marked positive Hoffman's on the left, increase left upper extremity reflexes, lower extremity sensation was intact bilaterally, strength was 4+/5 with giving-way and weakness, increased bilateral lower extremity reflexes. The claimant has tried two acupuncture visits and a lumbar epidural steroid injection. The claimants' medications include Prilosec, Ondansetron and Cyclobenzaprine 7.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg Tablets #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** Cyclobenzaprine HCL 7.5mg #30 is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.