

<b>Case Number:</b>	CM14-0096566		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain, sleep disturbance, and psychological stress reportedly associated with an industrial injury of January 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; a TENS unit; opioid agents; anxiolytic medications; and sleep aids. In a Utilization Review Report dated May 23, 2014, the claims administrator denied a request for cyclobenzaprine. The claims administrator did suggest that the applicant was using a variety of other agents, including tramadol, Norco, Ambien, and Xanax. In a November 4, 2013 progress note, the applicant was given refills of tramadol, tizanidine, omeprazole, and several topical compounded drugs. The applicant was placed off of work, on total temporary disability. A highly variable low back pain was noted. The applicant was asked to pursue aquatic therapy and consult a psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 65.

**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 or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, both oral and topical, including Norco, tramadol, Naprosyn, topical compounds, etc. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.