

<b>Case Number:</b>	CM14-0188047		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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:

According to the records made available for review, this is a 57-year-old male with a 4/8/05 date of injury. At the time (10/28/14) of request for authorization for 1 prescription of Cyclobenzaprine 7.5mg #60, there is documentation of subjective (ongoing low back pain with burning and numbness in the right thigh and foot; neck pain, bilateral shoulder pain, and bilateral upper extremity pain) and objective (decreased Achilles reflexes, decreased sensation over the right lower extremity, tenderness over the bilateral L5-S1 lumbar paraspinals, and pain with lumbar flexion and extension) findings, current diagnoses (chronic pain syndrome, lumbar radiculitis, lumbar degenerative disc disease, myalgia, upper back pain, bilateral shoulder pain, low back pain, and numbness), and treatment to date (ongoing therapy with Cyclobenzaprine since at least 7/31/14 with decreased pain levels and increase in activities of daily living). There is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar radiculitis, lumbar degenerative disc disease, myalgia, upper back pain, bilateral shoulder pain, low back pain, and numbness. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Cyclobenzaprine with decreased pain levels and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Cyclobenzaprine use to date. However, there is no documentation of muscle spasms and acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 7/31/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Cyclobenzaprine 7.5mg #60 is not medically necessary.