

<b>Case Number:</b>	CM14-0203828		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	12/13/1991
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 reportedly associated with an industrial injury of December 30, 1991. In a Utilization Review Report dated October 20, 2014, the claims administrator failed to approve request for cyclobenzaprine. The claims administrator referenced a progress note of September 30, 2014 in which the applicant was described as using a variety of other medications. The applicant was not working. The applicant was status post lumbar radiofrequency ablation procedure, the claims administrator noted. In a procedure note dated October 14, 2014, the applicant received multilevel lumbar radiofrequency rhizotomy procedure. There was no mention of cyclobenzaprine's being employed on this date. The remainder of the file was surveyed. The applicant's medication list was not provided. No completed clinical progress notes were available for review; although an earlier approval letter dated September 11, 2014 stated that the applicant had received approvals for both cyclobenzaprine and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg 1/2 tab at HS #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): 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. Here, the applicant is using at least one other agent, Norco. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue represents chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.