

<b>Case Number:</b>	CM14-0206818		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 reportedly associated with an industrial injury of October 5, 2012. In a Utilization Review Report dated November 23, 2014, the claims administrator failed to approve request for cyclobenzaprine. The claims administrator did, however, approve request for fenoprofen, Neurontin, and omeprazole. The claims administrator referenced a November 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On February 24, 2014, the applicant was given diagnoses of lumbar degenerative disk disease, sciatica, lumbar radiculopathy, and gastritis. The applicant was asked to continue various medications, including tramadol, topiramate, Zoloft, and omeprazole. Acupuncture, home exercises, and TENS unit were also endorsed. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working. In a November 11, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was reportedly using and/or asked to continue fenoprofen, Neurontin, cyclobenzaprine, omeprazole, and Menthoderm. The applicant was asked to do the stationary biking for exercise purposes. It was stated that the applicant was working full time, despite ongoing complaints of low back pain.

### 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.

**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 was/is using a variety of other agents, including Fenoprofen, Neurontin, Methoderm, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Cyclobenzaprine at issue represents chronic, long-term, daily usage, i.e., treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Cyclobenzaprine is not medically necessary.