

<b>Case Number:</b>	CM14-0209666		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 43 year old male with an injury date on 7/9/14. The patient complains of continued cervical pain, and lumbar pain, with overall pain rated 2/10 per 11/19/14 report. The patient states that naproxen and cyclobenzparine is helpful for pain and spasm relief. The TENS unit and a home exercise program is also helpful per 10/22/14 report. The pain is exacerbation by activity and lessened by rest per 8/6/14 report. Based on the 11/19/14 progress report provided by the treating physician, the diagnoses are: 1. myofascial pain. 2. cervical s/s. 3. thoracic s/s. A physical exam on 8/6/14 showed range of motion of neck is unrestricted. Range of motion of lumbar is restricted." The patient's treatment history includes medications, work modifications, chiropractic (helpful). The treating physician is requesting cyclobenzaprine 7.5mg Qty: 60. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 8/29/14 to 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-66.

**Decision rationale:** This patient presents with neck pain, back pain. The treater has asked for CYCLOBENZAPRINE 7.5MG QTY: 60 on 11/19/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.