

<b>Case Number:</b>	CM14-0217519		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/27/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Emergency 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 year old female injured worker suffered and industrial injury on 11/27/2011. The diagnosis was lumbar spine herniated disc. The diagnostic studies were magnetic resonance imaging of the cervical and lumbar spine and electromyography. The treatments were medications. The treating provider reported the low back pain as 8/10. The exam revealed reduced lumbar range of motion with tenderness and spasm over the muscles along with positive straight leg raise. The Utilization Review Determination on 12/17/2014 non-certified Cyclobenzaprine 120gm, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Cyclobenzaprine 120gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113,

Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain as 8/10. The exam revealed reduced lumbar range of motion with tenderness and spasm over the muscles along with positive straight leg raise. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Cyclobenzaprine 120gm is not medically necessary.