

<b>Case Number:</b>	CM14-0084453		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 patient has chronic back pain. The patient underwent lumbar fusion surgery on March 20, 2014. The patient continues to have back pain and spasms and leg symptoms. The patient takes Percocet for pain. Patient also takes nor: Tramadol. On physical examination the patient has 4+ over 5 strength in the right leg. Laboratory reports indicate that the ESR is high at 114. At issue is whether this cyclobenzaprine is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. MTUS chronic pain treatment guidelines do not recommend the use of cyclobenzaprine for chronic pain. The ODG guidelines indicate that Nonsedating muscle relaxants are recommended with portion as a second line option for short-term treatment of chronic low back pain. Use for longer than 2 weeks is not supported by current guidelines. 30 tablets is excessive according to guidelines with support

only short-term use for no longer than 2 weeks. 30 tablets should not be approved. Guidelines indicate that 30 tablets is excessive for the treatment of chronic low back pain. Therefore, the request is not medically necessary.