

<b>Case Number:</b>	CM15-0006120		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	03/18/2008
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 64-year-old female who reported an injury on 03/18/2008 due to an unspecified mechanism of injury. On 12/15/2014, she presented for a followup evaluation. She stated that she was having back pain and that when she tried to stand up, she would experience a sharp, shooting pain. She noted that this was very painful and also reported having pain in both knees, worse with cold weather. A physical examination showed tenderness across the lumbar paraspinal muscles and pain with facet loading, more on the left side. She was diagnosed with internal derangement of the bilateral knees status postsurgical intervention on the left, discogenic lumbar condition with disc disease, and chronic pain syndrome. Her medications included Flexeril 7.5 mg for muscle spasms and Norco. The treatment plan was for cyclobenzaprine 7.5 mg #60. The rationale for treatment was to treat muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** According to the California MTUS Guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for treatment of acute exacerbations in those with chronic low back pain. Based on the clinical documentation submitted for review, it was stated that the injured worker was taking cyclobenzaprine for muscle spasms. However, there is a lack of documentation showing that she has any muscle spasms on physical examination to support the requested intervention. Also, her response to this medication in terms of pain relief and functional improvement was not stated. Furthermore, it is unclear how long the injured worker has been using medication and without this information continuing would not be supported, as it is only recommended for short term treatment. Moreover, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.