

<b>Case Number:</b>	CM15-0146814		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on November 9, 2010. The initial diagnosis and symptoms experienced, by injured worker, were not included in the documentation. Treatment to date has included surgery, medication, MRI, cervical collar, electrodiagnostic study and physical therapy. Currently, the injured worker complains of neck pain that radiates into her left upper extremity, numbness, tingling and muscle spasms and rates her pain at 4 on 10. She reports an increase in pain from bending and rotating her neck. The injured worker is currently diagnosed with cervical degenerative disc disease and cervical disc displacement without myelopathy. A physical therapy note dated April 14, 2015 states the injured worker is experiencing improvement. A progress note dated April 20, 2015 states the injured worker completed physical therapy and is progressing; however, it is recommended that the injured worker continue therapy. A progress note dated July 13, 2015 states the injured worker takes Gabapentin for numbness and tingling, and Cyclobenzaprine for muscle spasms. The note also states the injured worker's numbness and tingling symptoms improved after surgical intervention. The medication, Cyclobenzaprine 5 mg #30 is requested to continue to provide the injured worker relief from muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg as needed #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.