

<b>Case Number:</b>	CM15-0190338		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 33 year old male who sustained an industrial injury 08-28-14. A review of the medical records reveals the injured worker is undergoing treatment for degeneration of lumbar intervertebral disc with myelopathy, lumbar radiculopathy, right rotator cuff sprain and strain, right shoulder internal derangement, sprain and strain; and right wrist sprain and strain. Medical records (08-18-15) reveal the injured worker complains of pain in the lumbar spine rated at 7/10, pain in the right shoulder rated at 8/10, and pain in the right wrist rated at 6/10. The physical exam (08-18-15) reveals painful range of motion in the lumbar spine as well as diminished range of motion in the right shoulder and wrist. Prior treatment includes physical therapy. The original utilization review (08-31-15) non certified the request for cyclobenzaprine 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The request for cyclobenzaprine is not medically necessary.