

<b>Case Number:</b>	CM15-0198788		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female who sustained an industrial injury on 2-18-2009. A review of medical records indicates the injured worker is being treated for degeneration of lumbar intervertebral disc. Medical records dated 9-30-2015 noted increased low back pain, right buttock, right hip, and right lower extremity pain on the lateral aspect of the knee. Pain scale was not available. Physical examination noted a normal gait and normal posture. Treatment has included cyclobenzaprine and hydrocodone since at least 2-6-2015. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The requested treatment is not medically necessary because treatment with this medication has exceeded the 2-3 weeks recommended for this medication by the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg Qty 30 with 2 refills:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 2-18-2009. A review of medical records indicates the injured worker is being treated for degeneration of lumbar intervertebral disc. Treatment has included cyclobenzaprine and hydrocodone since at least 2-6-2015. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 10 mg Qty 30 with 2 refills because the treatment exceeds the recommended 2-3 weeks for treatment of acute exacerbation of chronic low back pain. Cyclobenzaprine is a muscle relaxant.