

<b>Case Number:</b>	CM15-0024363		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/07/2009
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old female, who sustained an industrial injury on June 7, 2009. The injured worker was diagnosed as having degenerative lumbosacral disc disease, displaced intervertebral disc, lumbosacral spondylosis, lumbar spinal stenosis and annular tear of lumbar disc. Treatment to date has included chiropractic therapy, medications, TENS unit, and assistive devices. She had a lumbar spine epidural injection after which she reported an adverse reaction. The injured worker was evaluated on December 10, 2014 for her low back pain. She reported continued severe low back pain and right leg symptoms. She takes Norco, Lidoderm patches and Flexeril for pain and states that she uses her TENS unit for control of her low back pain. She uses a cane for ambulation and notes that her symptoms have increased since the beginning of December 2014. She reports constant sharp severe low back pain above the waist and a constant pressure-like pain with radiation of pain to the buttocks and her bilateral legs associated with numbness and tingling in her left lower extremity. Her treatment plan included continued continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cycloenzaprine Tab 10 mg day supply:30 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine Tab 10 mg day supply:30 #60 is not medically necessary.