

<b>Case Number:</b>	CM15-0038115		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male who reported an injury on 10/21/2007. The mechanism of injury involved a motor vehicle accident. The current diagnoses include cervical disc degeneration, status post cervical spine fusion, lumbar radiculopathy, headaches, insomnia, chronic pain, history of failed cervical spine surgery and failure of multiple therapies. The injured worker presented, on 01/26/2015, for a follow-up evaluation with complaints of ongoing headaches, neck pain and insomnia. Upon examination, there was palpable muscle spasm in the cervical spine, tenderness at the C4-7 region, bilateral par vertebral tenderness, moderately limited range of motion and decreased sensation in the C5-6 dermatome. There was also tenderness upon palpation of the bilateral shoulders with decreased range of motion. Recommendations at that time included continuation of the current medication regimen of cyclobenzaprine 7.5 mg, MS Contin 30 mg, Fioricet, Norco 10/325 mg and Lunesta 3 mg. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg BID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, it is noted that the injured worker had utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. The injured worker continues to demonstrate palpable muscle spasm upon examination. Guidelines do not support long-term use of muscle relaxants. Given the above, the request is not medically appropriate.