

<b>Case Number:</b>	CM15-0042062		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 57 year old male who sustained an industrial injury on 9/7/06. The injured worker reported symptoms in the back. The injured worker was diagnosed as having thoracic sprain/strain, lumbar sprain/strain and myofascial pain. Treatments to date have included epidural steroid injections and oral pain medications. Currently, the injured worker complains of non-radiating cervical and lower back pain. The plan of care included medications prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Cyclobenzaprine (Flexeril); NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68; 41-42; 67-68.

**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 form more than 2-3 weeks. The patient in this case does not have recent evidence of spasm. The patient has been using Cyclobenzapine for more than 4 weeks without any documentation of functional improvement. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.