

<b>Case Number:</b>	CM15-0055178		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/15/1999
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 50-year-old male, who sustained an industrial injury on 12/15/1999. He reported twisting his ankle while inspecting and walking along railroad tracks. The injured worker was diagnosed as having low back pain, lumbar disc disease with radiculitis, and foot pain. Treatment to date has included diagnostics, medications, bilateral transforaminal epidural steroid injection at L4 and L5 in 4/2013, right ankle surgery (2000, 2003, and 2006) and physical therapy. Currently, the injured worker complains of pain in his low back and feet. Current medication use included Endocet and Cyclobenzaprine. Exam of the lumbar spine revealed decreased range of motion, diminished sensation in the right L4-5 dermatomes and left thigh. Straight leg raise test was positive bilaterally for radicular symptoms until 60 degrees. The treatment plan included medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #180:** Upheld

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

**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 and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #180 is not medically necessary.