

<b>Case Number:</b>	CM14-0148327		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/14/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 60-year-old male with a 10/14/12 date of injury. At the time (6/6/14) of request for authorization for Cyclobenzaprine 10 mg tab 500, there is documentation of subjective (increasing spasms at night in the legs secondary to back pain) and objective (no pertinent findings) findings, current diagnoses (lumbar strain, lumbar multi-level disc protrusions, and cervical strain), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine) with some functional improvement and pain relief). 7/25/14 medical report identifies increased activities with medications. There is no documentation of the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg Tab 500:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, lumbar multi-level disc protrusions, and cervical strain. In addition, there is documentation of ongoing treatment with Cyclobenzaprine. Furthermore, given documentation of functional improvement, pain relief, and increased activities with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Cyclobenzaprine use to date. However, despite documentation of spasms, and given a 10/14/12 date of injury, there is no (clear) documentation of acute muscle spasm. In addition, given documentation of records reflecting ongoing treatment with Cyclobenzaprine, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10 mg tab 500 is not medically necessary.