

<b>Case Number:</b>	CM14-0182094		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 35-year-old male with a date of injury of 04/25/2011. The listed diagnoses per [REDACTED] are neural encroachment, bilateral, L5-S1 with radiculopathy and lumbar spondylosis. According to progress report 08/07/2014, the patient presents with low back pain with right greater than left lower extremity symptoms. The patient's medication regimen includes hydrocodone, tramadol ER, and cyclobenzaprine. The physician indicates the cyclobenzaprine decreases spasm for approximately 4 to 6 hours facilitating marked improvement in range of motion, tolerance to exercise and additional decrease in overall pain level, 2 to 3 points. Examination of the lumbar spine revealed tenderness in the lumbar region with decreased range of motion. There is positive straight leg raise bilaterally. This is a request for cyclobenzaprine 7.5 mg #90 one p.o. t.i.d. p.r.n. spasm. Utilization review denied the request on 10/23/2014. Treatment reports from 04/24/2014 through 08/07/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Tabs:** 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): 64.

**Decision rationale:** This patient presents with chronic low back pain with radicular symptoms in the lower extremity. The request is for "cyclobenzaprine tabs." Report 08/07/2014, recommends cyclobenzaprine 7.5 mg #90 one p.o. t.i.d. p.r.n. spasms. The MTUS Guidelines page 64 states the cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, the medical records indicate that the patient has been prescribed cyclobenzaprine since at least 04/24/2014. Long-term use of this medication is not supported and recommendation is for denial.