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| <b>Case Number:</b>   | CM14-0185994 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 09/29/2007 |
| <b>Decision Date:</b> | 12/16/2014   | <b>UR Denial Date:</b>       | 10/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2014 |

### 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:

This 67 year-old patient sustained a low back injury on 9/29/07 from a long car ride. Request(s) under consideration include Cyclobenzaprine 10mg #10. Diagnoses include lumbar post-laminectomy syndrome and radiculopathy s/p L4-5 fusion in May 2010. Conservative care has included medications, physical therapy, bracing, acupuncture, trigger point injections, chiropractic treatment, epidural steroid injections, massage, and modified activities/rest. Lumbar X-rays of 2/4/11 showed postsurgical changes at L4-5 with stabilization. Medications list Ambien, Cymbalta, Lyrica, Celebrex, Cyclobenzaprine, ASA, Atorvastatin, Clopidogrel, Metoprolol, and Omeprazole. Report of 8/27/14 showed chronic ongoing neck, right shoulder, lower back, right hip, right knee, right ankle, and right foot pain. Complaints were maintained on medications. Exam showed lumbar spine with restricted range, normal paravertebral muscles, no spinous process tenderness, negative facet loading and SLR, diffuse weakness at EHL, ankle DF, PF, atrophy of right gastroc and TA; diminished DTRs and decreased sensation. Reports of 9/24/14 and 10/22/14 showed no change in symptoms or clinical findings. The request(s) for Cyclobenzaprine 10mg #10 was non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg # 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** Submitted reports have not adequately demonstrated the indication or medical need for this continued muscle relaxant medication treatment and there is no report of significant change in clinical findings, acute flare-up or new injury to support for its long-term use of this 2007 injury. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Cyclobenzaprine 10mg #10 is not medically necessary and appropriate.