

<b>Case Number:</b>	CM14-0097266		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Occupational Medicine, 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 injured worker is a 71-year-old female who was injured on 05/30/2003 when she suffered an industrial injury. Prior medication history as of 07/28/2014 included Cyclobenzaprine 5 mg, Lyrica 50 mg, Hydrocodone-Acetaminophen 10 mg, Bupropion HCl 150 mg, Sertraline, Temazepam and Nasonex. The patient underwent shoulder arthroscopy x2. She has been treated conservatively with 2 sessions of physical therapy and injections, which provided some relief. Progress report dated 07/28/2014 indicates the patient presented with complaints of low back pain. She was reported as stable on her opioid management. Objective findings on exam revealed lumbar spine tenderness over the SI joints on the left side. The range of motion of the lumbar spine was not tested due to severe pain. She had no trigger points or muscle spasms present. Seated straight leg raise is positive bilaterally at 30 degrees. Patrick's sign is positive on the left side. The lower extremities revealed tenderness in the hip joint and palpation. Diagnoses are lumbosacral radiculitis, degeneration of the lumbar intervertebral disc; and sacroiliac joint pain. She was instructed to continue with her medications and home exercise program. Prior utilization review dated 06/18/2014 states the request for Cyclobenzaprine 5mg #30 x2 refills was denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg #30 x2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer Page(s): 41-42.

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine is recommended for short-term, 2 to 3 weeks, treatment of acute exacerbations of chronic low back pain. However, in this case the patient is prescribed Cyclobenzaprine on a long-term basis without evident functional improvement. There does not appear to have been an acute exacerbation. Therefore this request is not medically necessary.