

<b>Case Number:</b>	CM14-0097962		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Nevada. 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 44-year-old male who was reportedly injured on January 27, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 15, 2014, indicates that there are ongoing complaints of cervical spine pain radiating down the bilateral shoulders and arms. The physical examination demonstrated a positive Tinel's test and Phalen's test at both wrists as well as the volar tenderness. Diagnostic imaging studies of the cervical spine show early disk desiccation at C2-C3 and C6-C7 as well as a disc protrusion at C3-C4 and C5-C6 with effacement of the thecal sac. Upper extremity nerve conduction studies show right-sided median nerve neuropathy and very mild left median nerve neuropathy. A magnetic resonance image of the left and right wrist both showed a dorsal intercalated segmental instability. Previous treatment is unknown. A request was made for cyclobenzaprine and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for cyclobenzaprine is not medically necessary.