

<b>Case Number:</b>	CM14-0210133		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 11, 2012. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for cyclobenzaprine. The claims administrator referenced various progress notes interspersed throughout 2013 and 2014. The applicant's attorney subsequently appealed. On May 23, 2014, the applicant received multilevel lumbar radiofrequency ablation procedure. There was no mention of medication selection or medication efficacy on that date. The applicant's complete medication list was not attached.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 120 #24:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41.

**Decision rationale:** While page 41 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cyclobenzaprine is recommended for a "short course of therapy," Here, however, it was not clearly stated in what context cyclobenzaprine was being employed. The sole progress note provided dated May 23, 2014 did not contain any discussion of medication selection and/or stated in what context Cyclobenzaprine was being employed. The attending provider did not clearly state that Cyclobenzaprine was, in fact, being employed for short-term use purpose, as opposed to for chronic, long-term, and/or scheduled use purposes. The information which is on file failed to support or substantiate the request. Therefore, the request is not medically necessary.