

<b>Case Number:</b>	CM14-0212457		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/13/2004
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 61-year-old male who reported an injury on 02/13/2004. The mechanism of injury was not specified. Relevant diagnoses include neural encroachment at L5 through S1, with radiculopathy, refractory, and generalized abdominal discomfort on certain etiology. His past treatments were noted to include medications and the use of a TENS unit, lumbosacral orthosis, and chiropractic sessions. The treating physician's report dated 12/05/2014, indicated the injured worker presented with complaints of low back pain, left greater than right rated 6/10, with lower extremity symptoms. Physical examination revealed tenderness to the lumbar spine, with lumbar range of motion rated flexion to 60 degrees, and left and right lateral tilt to 50 degrees, with left rotation to 40 degrees. A positive straight leg raise test was noted on the left side, with spasm at the lumbar paraspinal musculature decreased. Relevant medications were noted to include cyclobenzaprine 7.5 mg 3 times a day, tramadol extended release 150 mg 2 daily. The treatment plan included continuation of lumbosacral orthosis, and continued use of a TENS unit. The request was for cyclobenzaprine 7.5 mg #90. The rationale stated the request was for spasms. However, the Request for Authorization form was not included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90:** 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): 63-64.

**Decision rationale:** The request for cyclobenzaprine 7.5 mg #90 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of pain. Cyclobenzaprine is recommended for a short course of therapy. However, there is limited mixed evidence which does not allow for a recommendation for chronic use. The clinical documentation dated 12/05/2014, indicated that the injured worker had been prescribed cyclobenzaprine, which decreased his pain level an additional 3 to 4 points. However, the actual start date for the medication was not provided. As guidelines indicate muscle relaxants should be used as a short term treatment for pain, the request is not supported. The treating provider failed to indicate exceptional factors to establish medical necessity for the request, and there is a lack of clinical documentation to evidence the injured worker demonstrated significant functional deficit to establish medical necessity. Additionally, the request as submitted failed to indicate a frequency of use for the requested medication in order to determine the necessity of the medication. As such, the request for the cyclobenzaprine 7.5 mg #90 is not medically necessary.