

<b>Case Number:</b>	CM14-0214731		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 44 year old male with date of injury 12/16/10. The requesting treating physician report dated 11/6/14 (36) is only partially legible. The treating physician's report dated 10/2/14 (28) indicates that the patient presents with pain affecting the low back and neck. The patient complains of constant low back pain radiating to bilateral leg accompanied with numbness and tingling sensation right more than the left. The patient further complains of constant neck pain radiating to bilateral shoulder. The physical examination findings reveal the range of motion of the lumbar spine is restricted. Further examination reveals tenderness on palpation of thoracolumbar paraspinal muscles, and hypertonicity of the lumbar paraspinal muscles. The physician also notes that the patient's gait is antalgic and he ambulates with a cane. Prior treatment history includes physical therapy, cognitive behavior therapy, aqua therapy, rest and prescribed medications. Current medications include Omeprazole, Fenoprofen, and Gabapentin. The current work status per report dated 11/6/14 is return to modified work. The current diagnoses are: 1. Cervical degenerative disc disease. 2. Thoracic discogenic syndrome. 3. Lumbar degenerative disc disease. 4. 729.1. The UR determination letter dated 12/8/14 denied Cyclobenzaprine based on lack of efficacy from prior use of Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clyclobenzaprine 7.5mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 74-84, 23.

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation to bilateral leg, and neck with radiation to bilateral shoulder. The current request is for Cyclobenzaprine 7.5 mg # 50. The requesting treating physician report provides no rationale for the current request. Reports provided show that the patient has not been prescribed Cyclobenzaprine or any form of muscle relaxant previously. MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxants for pain page 63 state the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks for use of this medication. In this case, documents provided do not document prior prescription of a muscle relaxant to the patient before and is currently not requesting any refills. The current request satisfies MTUS guidelines as outlined on page 63. Recommendation is for authorization.