

<b>Case Number:</b>	CM15-0008128		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female with an industrial injury dated 09/10/2009. Her diagnoses include discogenic cervical condition with multilevel disc protrusion. Recent diagnostic testing has included a MRI of the cervical spine (12/12/2014) which showed multiple levels of mild disc bulging and multilevel disc protrusion with stenosis and multiple level of impingement, and electrodiagnostic studies (11/05/2014) which revealed mild left C7 radiculopathy. She has been treated with traction, electrical stimulation, physical therapy and medications for several months. In a progress note dated 12/17/2014, the treating physician reports constant neck pain with left side radiculopathy, numbness and tingling despite treatment. The objective examination revealed tenderness along the cervical paraspinal muscles and left arm with decreased grip strength, and decreased sensation along the C6-C7 with tingling on the left side. The treating physician is requesting cyclobenzaprine which was denied by the utilization review. On 01/07/2015, Utilization Review non-certified a prescription for cyclobenzaprine hydrochloride tablets 7.5mg #60, noting the advance prescription writing. The MTUS guidelines were cited. On 01/14/2015, the injured worker submitted an application for IMR for review of cyclobenzaprine hydrochloride tablets 7.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Plus, APG I Plus, 2010, Chronic Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004).The medication has the indication per the California MTUS for the short-term use of acute exacerbation of chronic low back pain. The provided documentation shows that the patient has suffered an acute injury and does not have the diagnoses of chronic low back pain. Thee patient has not failed other first line treatment options for the acute back pain. Therefore guideline criteria for the use of this medication have not been met and the request is not certified.