

<b>Case Number:</b>	CM15-0016114		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	06/19/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

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 injured worker is a female who sustained an industrial related injury on 6/19/10. The injured worker had complaints of low back pain, right knee pain, and right foot pain. Diagnoses included right knee meniscal tears, right knee osteoarthopathy, right knee multidirectional instability, foraminal stenosis at L4-5 and L5-S1, left knee pain, right fifth metatarsal fracture, and reactive depression. Medication included Hydrocodone. The injured worker was using a right knee hinged brace. The treating physician requested authorization for Cyclobenzaprine 7.5mg. On 1/14/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker was 4 years post injury and does not have a recent exacerbation of chronic pain. The requested medication is not recommended for chronic use. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS 11/14/14) Cyclobenzaprine7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 63-66.

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

**Decision rationale:** Per the 11/14/14 report the patient presents with lower back pain with lower extremity symptoms along with right knee and right foot pain. The current request is for RETROSPECTIVE DOS 11/14/14 CYCLOBENZAPRINE 7.5 mg. Per the 01/02/15 RFA provided, this request is for # 90. The reports do not state if the patient is working. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "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 to 3 weeks for use of the medication. The treater states on 11/14/14 that this medication facilitates significant decrease in spasm for an average of 5 hours with improved range of motion and a resultant decrease in pain of 3 points on the VAS. While this medication helps this patient, guidelines recommend short term use of no more than 2-3 weeks. The reports provided for review show the patient was prescribed Cyclobenzaprine since at least 08/13/14, and this request is for medication dispensed on 11/14/14. Furthermore, the request for #90 on the RFA does not suggest short term use. In the case, the request IS NOT medically necessary.