

<b>Case Number:</b>	CM15-0126663		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/21/1997
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 52 year old man sustained an industrial injury on 10/21/1997. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 11/13/2008 and laboratory testing. Diagnoses include failed lumbar spine surgery syndrome, lumbar radiculopathy, migraine headaches, and chronic pain. Treatment has included oral medications, surgical interventions, and spinal cord stimulator. Physician notes dated 6/1/2015 show complaints of low back pain with radiation down the left leg and abdominal hernia pain. The worker rates his pain 6/10 with medications and 8/10 without medications. Recommendations include general surgeon consultation, Flexeril, Soma, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg Qty 90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 10 mg Qty 90 with 1 refill is not medically necessary.