

<b>Case Number:</b>	CM14-0141631		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/20/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on February 20, 2003. The mechanism of injury is noted as hitting his head on a bar above him. The most recent progress note, dated August 28, 2014, indicates that there were ongoing complaints of neck pain radiating to the bilateral upper extremities. Pain is stated to be 8/10 without medications and 6/10 with medication and exercise. Current medications include Flexeril and Norco. The physical examination demonstrated decreased range of motion of the cervical spine and tenderness over the bilateral paraspinal muscles, upper trapezius, levator scapulae, and rhomboids. There was decreased sensation at the bilateral C6 and C7 nerve distributions. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes cervical spine surgery, physical therapy, a home exercise program, and oral medications. A request had been made for Cyclobenzaprine and was not certified in the pre-authorization process on August 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (Flexeril) 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66 OF 127.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor were there any spasms present on physical examination. For these reasons this request for Cyclobenzaprine is not medically necessary.