

<b>Case Number:</b>	CM13-0022371		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 enrollee is 53 year old female presenting with whole body pain follow a series of work related injuries in 10/2009. The claimant initially complained of bilateral wrist and hand pain, with associated numbness, tingling and cramping in all of her fingers. The claimant had bilateral carpal tunnel surgery in 12/2010. The claimant then complained of total body pain as well as anxiety, depression, headaches, heartburn, acid reflux, diarrhea, constipation, sleep disorder and fatigue, following the surgery. The claimant's medications include Tramadol, Gabapentin, Nortriptyline, Losartan, Tylenol and OTC Unisom. The claimants physical exam was significant for lumbar spine range of motion 25% of normal, tenderness of the bilateral trapezius, the right greater trochanter, lateral epicondyle, bilateral carpal tunnel scars, bilateral hyporeflexia of the wrist, and swelling of the left wrist. The EMG study was normal. The claimant was diagnosed with chronic fatigue syndrome, chronic pain syndrome, Vitamin D deficiency, False positive rheumatoid factor test, status post bilateral surgery and De Quervain's Tenosynovitis surgery with residuals and chronic low back pain, etiology to be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Section Page(s): 64.

**Decision rationale:** Cyclobenzaprine is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of Cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.