

<b>Case Number:</b>	CM13-0025375		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/02/2001
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 56 year old female injured on April 2, 2001 as a result of cumulative trauma due to several years of data entry/computer work leading to bilateral L4 extremity symptoms. Current diagnoses included cervical radiculopathy, rule out left thoracic outlet syndrome, trapezial/paracervical/parascapular strain, bilateral forearm tendinitis, left index flexor tenosynovitis, status post C5-6 cervical discectomy and fusion, status post left carpal tunnel release with ulnar nerve decompression at the wrist, and status post right carpal tunnel release. A clinical note dated July 25, 2013 indicated the injured worker presented complaining of increased pain and numbness in the left hand and arm. The injured worker was receiving chiropractic treatments which were helpful with symptoms. Objective findings included decreased range of motion of the cervical spine with some pain, slight trapezial/paracervical/parascapular tenderness on the left, Spurling test equivocal on left, provocative maneuvers for thoracic outlet syndrome weakly positive on the left, impingement sign equivocal at the left shoulder, and mild tenderness over the right posterior elbow mass. The treatment plan included excision of soft tissue mass over the right olecranon bursa, evaluation by thoracic outlet specialist, and referral to Agreed Medical Evaluator if treatment was not authorized. Prior clinical documentation indicated medication regimen included Topamax 50mg twice daily, Ketoprofen cream, Percocet 5/325mg and Prilosec 20mg daily, and Flexeril 7.5mg twice daily. The request for Cyclobenzaprine 7.5mg #30 was initially denied on August 23, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG. # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Cyclobenzaprine 7.5 MG. # 30 cannot be established at this time.