

<b>Case Number:</b>	CM13-0030185		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 the 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 patient is a 49-year-old female who reported an injury on 08/08/2011. The mechanism of injury was stated to be the patient experienced a sudden onset of right shoulder pain as she lowered a case of wine while situated on a step stool, and the wine was noted to be overhead and the patient was unable to replace the case, so it dropped and fell to the floor. The patient was noted to have shoulder spasms. The patient was noted to have a positive right shoulder impingement sign, including Hawkins' and Neer's. The diagnoses were noted to include status post right shoulder surgery in 04/2012, right shoulder derangement, impingement, tendinitis, sprain and strain, partial tear of the supraspinatus tendon, subscapularis tendinosis, mild changes of osteoarthritis in the glenohumeral joint, degenerative changes in the acromioclavicular joint, mild lateral downsloping of the acromion causing impingement, and cervical sprain and strain. The request was made for Cyclobenzaprine 10 mg by mouth 3 times a day as needed for spasms with no refills. ❧❧

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg x 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 and 78-81. Decision based on Non-MTUS Citation ACOEM guidelines for the Chronic Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine Page(s): 41 and 64.

**Decision rationale:** The MTUS guidelines indicate that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 weeks to 3 weeks. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review indicated the employee was taking Norco and naproxen. However, there was a lack of documentation indicating a rationale for using the prescription for longer than 2 weeks to 3 weeks, as, per the MTUS guidelines, it is indicated for use no longer than 2 weeks to 3 weeks. Given the above, the request for Cyclobenzaprine 10mg x 90 is not medically necessary.