

<b>Case Number:</b>	CM13-0041492		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/27/2000
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 patient is a 50-year-old female who reported an injury on 04/27/2000 when a car door struck her in the upper back and posterior shoulder region where upon she got caught between the door frame and tried to free herself. The office visit dated 07/25/2013 noted the patient presented with chronic neck pain that radiated into both of her arms, right worse than left. The patient was also noted to have bilateral shoulder pain, left greater than right, and subsequently underwent a left shoulder surgery which was dated 07/08/2013. Since that time, the patient felt increase in range of motion of the shoulder and it was reported that she had not started physical therapy. The patient was managing her pain well with current doses of OxyContin, Dilaudid, and Lyrica for pain control. The patient was also diagnosed with chronic neck pain, status post cervical fusion, bilateral shoulder pain, left shoulder partial thickness rotator cuff tear, and right shoulder internal derangement. The patient was most recently seen on 11/27/2013 where upon she stated she had been experiencing severe headaches for the last 2 weeks and was also given a prescription for Cyclobenzaprine to help with her tightening muscles, especially around her neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg three times daily #60 x 2 for chronic pain of the neck and left shoulder:** 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 Cyclobenzaprine (Flexeril®) Page(s): 41-42.

**Decision rationale:** According to California MTUS Guidelines, it states that Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. The effect is modest and comes with a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The treatment should be brief. In the case of this patient, the physician has requested a greater than 4 days treatment with the use of this medication. Furthermore, under the recommendation per California MTUS Guidelines, the continuation of its use cannot be warranted as her current medication regimen includes OxyContin, Percocet, Dilaudid, and Lyrica which exceeds the recommendation dose per morphine equivalence per day. As such, the requested service is non-certified.