

<b>Case Number:</b>	CM13-0044736		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] who filed a claim of carpal tunnel syndrome, chronic pain and muscle spasm associated with industrial injury date of 02/06/2013. Treatment to date includes physical therapy with a total of 7 sessions. Medications prescribed since October 2013 includes Hydrocodone APAP 5/325 mg once a day, Pyridoxine (vitamin B6) 100 mg 2 tablets a day, Gabapentin 100 mg three times a day, Etodolac 300 mg twice a day, Cyclobenzaprine 5 mg twice a day. Medical records from 2013 were reviewed which revealed pain in her neck down the arms and numbness in both hands. She's having pain with modified work and claimed that she's experiencing gradually increasing bilateral upper extremity dysesthesias and shoulder tightness. Physical examination showed positive Tinel and Phalen test bilaterally. Both upper extremities are without swelling and erythema. Examination of cervical spine rotation is within normal limits, extension 5 degrees flexion within normal limits, shoulder abduction and flexion 90 degrees on the right and 120 degrees on the left. Muscle strength of both upper extremities is 5/5. Utilization review from October 28, 2103 denied the request of Cyclobenzaparine 5mg #60 because CA MTUS Chronic Pain Guidelines do not recommend long-term use of muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 5MG #60:** 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 Page(s): 64.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines on page 64, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, patient has been prescribed cyclobenzaprine since 02/2013. However, no significant improvements were noted in the patient. Since cyclobenzaprine is not recommended for chronic use and no significant improvement noted in the patient, the request for Cyclobenzaprine 5mg #60 is not medically necessary.