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| <b>Case Number:</b>   | CM13-0056658 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 06/17/2006 |
| <b>Decision Date:</b> | 05/02/2014   | <b>UR Denial Date:</b>       | 10/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/22/2013 |

### 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 Family Practice, and is licensed to practice in 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 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 a 31 year old former sales associate who was injured on 6/17/06. The patient fell backwards off of a ladder and sustained injuries to their left hand, wrist, elbow, and neck as well as low back and left lower extremity. The patient has undergone multiple imaging studies, cervical spine epidural steroid injections, acupuncture, and physical therapy. The patient has current diagnoses of cervical disc displacement, degeneration of cervical disc, degeneration of lumbar disc, pelvic/hip pain, and neck pain. The patient has been treated with multiple medications since the time of the injury, with medications of ibuprofen, and cyclobenzaprine as the medications prescribed in the past year. Notes from the PA for the requesting physician show use and refills of cyclobenzaprine from 3/4/13 through 1/8/14. With each visit from 3/4/13 through 1/8/14 the physical exam notes the same findings for the cervical area, specifically noting that the cervical spine is restricted in all planes with increased pain, and muscle guarding is also noted. No notation is made regarding efficacy of cyclobenzaprine in modifying the patient's pain, as well as lacking any documentation of muscle spasm of the cervical spine, noting only the presence of muscle guarding. A request for cyclobenzaprine 10 mg, #30 with one refill was made on 10/21/13 and underwent utilization review on 10/30/13 and was denied. In the review the reason for denial stated that cyclobenzaprine is indicated for short term use of 2-3 weeks and the request was for a period beyond the 2-3 week period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill 30 Cyclobenzaprine 10mg, 1 daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

**Decision rationale:** In the MTUS chronic pain medical treatment guidelines pages 63-66 covers use of muscle relaxants in chronic pain. On page 64, under antispasmodics, subsection for cyclobenzaprine, it states that it is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In the same subsection for cyclobenzaprine under dosing, it states that this medication is not recommended to be used for longer than 2-3 weeks. Per the medical record it is not clear if muscle spasm is truly present versus pain from other sources. Also the medical record indicates that the patient has been using cyclobenzaprine in some strength for over 10 months. Given that the presence of muscle spasm is not well documented, and that the use of cyclobenzaprine for the indication of muscle spasm is only indicated for short term use and not indicated for other types of pain control the request for cyclobenzaprine is not medically necessary.