

<b>Case Number:</b>	CM13-0057182		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Occupational 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 patient is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, myofascial pain syndrome, chronic neck pain, and bilateral upper extremity pain reportedly associated with cumulative trauma at work between the dates of January 1, 2009 through February 6, 2013. The patient's case and care have reportedly been complicated by comorbid diabetes mellitus. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; attorney representation; electrodiagnostic testing of April 4, 2013, notable for evidence of bilateral carpal tunnel syndrome, right greater than left; and work restrictions. In a utilization review report of November 19, 2013, the claims administrator reportedly denied a request for cyclobenzaprine. It was stated on the utilization review report that the patient was using Norco and Neurontin in addition to cyclobenzaprine. The patient's attorney appealed the denial. An October 7, 2013 progress note is notable for comments that the patient has persistent neck pain and paresthesias about the upper extremity. The patient has apparently been off of work, it appears. The patient does have diabetes, hypertension, and dyslipidemia. Diabetes is reportedly poorly controlled. The patient is on Norco, losartan-hydrochlorothiazide, glipizide, metformin, Neurontin, Lodine, and Flexeril. She is not using her insulin owing to financial constraints. The patient has been terminated by her former employer. Operating diagnoses include mild bilateral carpal tunnel syndrome, cumulative trauma, and myofascial pain syndrome with superimposed nonindustrial diabetes mellitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 5 MG #60:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous analgesic and adjuvant medications, including Norco and Neurontin. Adding cyclobenzaprine or Flexeril to the mix is not indicated. The request for cyclobenzaprine 5 mg, 60 count, is not medically necessary and appropriate.