

<b>Case Number:</b>	CM13-0058577		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Hand Surgery and is licensed to practice in Oregon. 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 claimant has a date of injury of May 18, 2002. The patient has lumbar back pain with spasms. Diagnosis include: bilateral shoulder impingement syndrome with partial rotator cuff tears, bilateral elbows lateral epicondylitis and cubital tunnel syndrome, bilateral carpal tunnel syndrome, lumbar discopathy, bilateral hip degenerative joint disease left knee degenerative joint disease, right knee tricompartmental degenerative joint disease with chronic partial to complete tear of the anterior cruciate ligament, and plantar fasciitis. Request is for Cyclobenzaprine Hydrochloride Tab 7.5 mg #120 to assist with treatment of his back spasms. The patient has had a brief course of this medication in the past with improvement. The medicine will also be used as a sleep aid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride tab 7.5 mg 120:** 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:** According to the MTUS Chronic Pain guidelines, page 41, "Cyclobenzaprine (Flexeril®) Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; 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. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008) Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. (Tofferi, 2004) Note: Cyclobenzaprine is closely related to the Tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. (Kinkade, 2007) Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]." The surgeon is requesting 120 pills, but the MTUS guidelines recommend a brief treatment period. For most patients, the recommended dose of Flexeril is 5 mg three times a day. The surgeon has requested 120 pills. At three pills per day, this is a 40 day supply which is well beyond the brief treatment program recommended by the MTUS guidelines. The request for Cyclobenzaprine Hydrochloride tab 7.5 mg 120, is not medically necessary and appropriate.