

<b>Case Number:</b>	CM13-0064078		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 & Rehabilitation, 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 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:

This is a patient with a date of injury of 2/2/10. A utilization review determination dated 11/9/13 recommends non-certification of Cyclobenzaprine and Celebrex. A 10/3/13 PR-2 identifies pain increased since last visit. Cervical and lumbar spine range of motion was noted to be limited with tenderness. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Tenderness over the right lateral epicondyle was noted alongside limited range of motion of the left wrist. Light touch sensation decreased over the middle and ring fingers on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64, and 41.

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

**Decision rationale:** Regarding the request for Cyclobenzaprine, the MTUS Chronic Pain Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that

Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.

**Celebrex 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Regarding the request for Celebrex, the MTUS Chronic Pain Guidelines state that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the documentation available for review, there is no documentation of a risk of GI complications that would require the use of Celebrex rather than a nonspecific NSAID. In the absence of such documentation, the currently requested Celebrex is not medically necessary and appropriate.