

<b>Case Number:</b>	CM13-0065107		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and 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 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 injured worker is a 29-year-old male who reported an injury on 05/14/2012. The mechanism of injury was not provided. The injured worker had been utilizing cyclobenzaprine since 2012. The documentation of 08/05/2013 revealed the injured worker had bilateral upper extremity pain with numbness and tingling and nighttime paresthesia. The physical examination revealed a positive Tinel's sign at the elbow and positive Tinel's and Phalen's at the wrists. There was dysesthesia at the digits and a weak grip. The diagnosis was bilateral carpal tunnel syndrome and the treatment plan included a carpal tunnel release surgery and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : OFFICIAL DISABILITY GUIDELINES, SECTION ON CYCLOBENZAPRINE (FLEXERIL).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, (FOR PAIN) Page(s): 63. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second-line option for the treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for cyclobenzaprine 7.5 mg #120 is not medically necessary.