

<b>Case Number:</b>	CM14-0006058		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/19/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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:

This is a 53 year-old female patient with a date of injury of 2/19/12. She slipped while holding a laptop, landing on her outstretched right arm. She suffered a comminuted humerus fracture of right arm. She also injured her neck and upper back as well as her left knee. On 10/23/13, she complains of pain in neck, head, bilateral shoulders and right upper extremity with radiating pain and numbness in left upper extremity. She is back to work with some restrictions. The cyclobenzaprine was refilled at this time. Diagnostic impression is right humerus fracture, status post open reduction internal fixation, spondylitic changes of the cervical spine with neck pain and radicular pain, occipital neuralgia and left knee pain. Treatment to date: medication management and Physical Therapy (PT). A Utilization Review (UR) decision dated 1/13/14, denied the request for Cyclobenzaprine 7.5mg #90 because there was no evidence of acute exacerbation of muscle spasms. Limited, mixed-evidence does not allow for a recommendation for chronic use. Therefore, the medical necessity of the request was not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG QTY: 90:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low Back Pain (LBP), however, in most LBP cases, they show no benefit beyond Non-Steroidal Anti-Inflammatory Drugs (NSAID) in pain and overall improvement. There was no documentation of an acute exacerbation of the patient's chronic pain. In addition, this is noted to be a refill for Cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Cyclobenzaprine 7.5mg #90 was not medically necessary.