

<b>Case Number:</b>	CM14-0008126		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/05/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 injured worker is a 63 year-old female who sustained an injury on 11/05/09. She complains of right upper extremity pain and right shoulder pain. She rates her pain as 7/10 and her quality of sleep is poor. She continues to note blurred vision in the morning and has new symptom of dry mouth. On exam, bilateral shoulder range of motion (ROM) is restricted. Crank's and Apprehension are positive. Hawkins test, Neer, shoulder cross over test is positive. There was tenderness to palpitation (TTP) to the acromioclavicular joint, biceps groove, glenohumeral joint and subdeltoid bursa on right shoulder; tenderness to palpitation (TTP) is noted in the glenohumeral joint and subdeltoid bursa of the left shoulder. A magnetic resonance imaging (MRI) of the right shoulder on 06/06/2011 revealed attenuation and some fraying in the repaired supraspinatus tendon; there is no through-and-through defect. There were degenerative superior labrum anterior and posterior (SLAP) changes and low level glenohumeral capsulitis. She underwent right rotator cuff repair in 2010 and 2012, bilateral total knee replacement, left knee meniscectomy, and chondroplasty in the past. Current medications include Lidoderm, Neurontin, Flexeril, Norco, Atenolol, Diovan, Metformin HCL, Xanax, and aspirin. She reports grogginess with Neurontin. Soma was more effective than the Flexeril. Cymbalta, Lexapro, Lyrica, and ibuprofen were stopped due to their side effects. Acupuncture did help in decreasing pain. Diagnosis included shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

**Decision rationale:** Per guidelines, Cyclobenzaprine (Flexeril ) is recommended as an option, using a short course of therapy. Cyclobenzaprine 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. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the request for Cyclobenzaprine HCL 10 mg #60 is not medically necessary and appropriate.