MAXIMUS Federal Services

| Case Number: | CM14-0008886 | | |
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| Date Assigned: | 02/21/2014 | Date of Injury: | 08/06/2008 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 46-year-old female with date of injury of 8/26/08. Per the treating physician's report dated 12/24/13, the patient presents with significant pain in the neck, shoulder, and back. There has been some functional improvement and pain relief with her current medications, but overall no changes. The patient has numbness, tingling, and neuropathic pain, and her right shoulder feels close to 60% improvement since the surgery overall. The listed diagnoses are right shoulder status post arthroscopy, rotator cuff repair, and subacromial decompression; cervical spine multilevel disk protrusions and degenerative disk disease; right upper extremity radiculopathy and EMG confirmed neuropathic pain; right elbow lateral epicondylitis; compensatory left cubital tunnel syndrome; low back pain; radiculopathy to the right lower extremity; herniated disk in the lumbar spine; depression; and keloid scar. For treatments, the patient was given a subacromial injection. She was prescribed Cyclobenzaprine 7.5 mg a day to relieve muscle spasms, Diclofenac for anti-inflammatory, Omeprazole 20 mg to reduce NSAID gastritis and prophylaxis, Ondansetron, Tramadol ER, and Wellbutrin. A report from 9/3/13 has a list of medications that includes Diclofenac, Wellbutrin, and Tramadol ER 150mg. The patient was continuing physical therapy and getting some relief with therapy 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 AS PRESCRIBED ON 12/24/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), 63-66

**Decision rationale:** This patient presents with persistent neck, shoulder, and low back pain with a prior history of shoulder decompressive surgery. The treating physician has asked for 30 Cyclobenzaprine 7.5mg prescribed on 12/24/2013. A prior report from 9/3/13 did not show that this patient was prescribed this medication. The MTUS provides very specific guidelines regarding Cyclobenzaprine, indicating that this medication is not to be used for the long-term, but only short-term. Short-term use is defined as 2-3 days for acute flare-ups and for no longer than 2-3 weeks. In this case, review of the 12/24/13 documentation that includes the prescription for Cyclobenzaprine does not list any specific rationale such as a flare-up or acute spasms. More importantly, the treating physician does not indicate that this medication is to be used for short term but prescribes 30 tablets on an as needed basis. As such, the request is not medically necessary.