

<b>Case Number:</b>	CM14-0013041		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 59-year-old female injured on 11/09/12 due to an undisclosed mechanism of injury. The current diagnoses include bilateral shoulder impingement, cervical spondylosis, acromioclavicular arthritis, cervical facet arthropathy, myofascial pain syndrome, cervical degenerative disc disease, occipital neuralgia, and rule out lateral epicondylitis. The documentation indicates the injured worker underwent left shoulder debridement of degenerative labral tear, subacromial decompression with acromioplasty, and partial cyst excision and decompression of cyst on 04/10/13. The clinical documentation dated 01/10/14 indicated the injured worker presented with complaints of cervical pain and bilateral trapezius pain. The injured worker indicated the pain radiated to the shoulder and elbow and rated it at 8/10. Physical examination of the cervical spine revealed tenderness over the paracervical area and lower cervical facet joints, left greater than right, tenderness on bilateral acromioclavicular joint, decreased range of motion bilaterally, several trigger points over trapezius and interscapular area, Hawkins' and Neer's tests positive bilaterally, sensation decreased on left C5 and C6 dermatomes, weakness at the left upper extremity particularly the biceps and brachial radialis noted. The current medications include Flector patch, Cyclobenzaprine 10mg, Tylenol, Aleve, and Premarin. The initial request for Cyclobenzaprine HCL 10mg #30, 1 refill was non-certified on 01/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCL 10 MG, #30 WITH ONE (1) REFILL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 64.

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Cyclobenzaprine Hcl 10mg, #30 with one refill cannot be established at this time.