

<b>Case Number:</b>	CM14-0133132		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 50-year-old male who has reported the gradual onset of pain in the shoulders and upper extremities accompanied by mental illness; attributed to his usual work activity, with a listed injury date of 10/20/2010. Diagnoses have included carpal tunnel syndrome, cubital tunnel syndrome, osteoarthritis, disk disease, trigger finger, and TFCC tear. Treatment has included multiple medications and physical therapy. Ongoing pain is reported in the neck and upper extremities. Per the reports from the primary treating physician during 2014, there was ongoing neck, wrist, and hand pain. Medications dispensed chronically included hydrocodone, naproxen, and gabapentin. As of 7/21/14, there was ongoing neck and extremity pain at the same intensity as was present chronically. There was neck pain and spasm. Cyclobenzaprine #90 was dispensed for spasm, with no discussion of any flare-ups or short term use. On 7/30/14, Utilization Review non-certified cyclobenzaprine, noting the lack of an acute exacerbation. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Cyclobenzaprine (Flexeril) Page(s): 42, 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. The condition treated is not low back pain. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Cyclobenzaprine is not medically necessary based on lack of evidence that use is short term and only for a flare-up, and the MTUS recommendations. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck and UE pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 7.5 mg #90 for the effects of the industrial injury.