

<b>Case Number:</b>	CM14-0159306		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgeries; a trigger thumb release surgery; and opioid agents. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for cyclobenzaprine. The claims administrator did not incorporate any guidelines into its rationale but stated at the bottom of its report that its decision was based on Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. In a July 28, 2014 progress note, the applicant reported multifocal 5-7/10 shoulder, wrist, hand, and thumb pain. The applicant was reportedly using hydrocodone for pain relief. The applicant reported some nausea generated with tramadol usage. The applicant was asked to continue cyclobenzaprine. Ninety tablets of the same were apparently dispensed. Protonix was also dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #90 with no refills for management of symptoms related to bilateral hands/wrist and left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Muscle relaxants.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of agents, including opioids such as Norco. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request was not medically necessary.