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| <b>Case Number:</b>   | CM14-0032839 |                              |            |
| <b>Date Assigned:</b> | 03/21/2014   | <b>Date of Injury:</b>       | 11/09/2010 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 02/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/14/2014 |

### 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 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 44 year-old patient sustained a cumulative trauma injury on 11/9/10 while employed by [REDACTED]. Request under consideration include CYCLOBENZAPRINE HCI 10 MG, #60. Report of 1/15/14 from the provider noted patient with low back pain; neck and back spasms with decreased range of motion. The patient is having increased numbness and tingling in the left wrist. It was noted based on her future medical provision, she is entitled to get acupuncture for her acute exacerbation. Exam showed tenderness to palpation in the cervical spine with spasm and restricted range; bilateral elbows with tenderness; bilateral shoulders with positive impingement and decreased range (no degrees indicated); bilateral wrists with reduced sensation of median nerve with positive Phalen's and Tinel's and decreased grip strength. Diagnoses included cervical spine strain; bilateral carpal tunnel syndrome; bilateral lateral epicondylitis; anxiety reaction; dermatitis; and bilateral shoulder impingement syndrome. Treatment included continuation of medications with refills; change of muscle relaxant from orphenadrine to cyclobenzaprine. Request above was non-certified on 2/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCI 10MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 64.

**Decision rationale:** This 44 year-old patient sustained a cumulative trauma injury on 11/9/10 while employed by [REDACTED]. Request under consideration include CYCLOBENZAPRINE HCl 10 MG, #60. Report of 1/15/14 from the provider noted patient with low back pain; neck and back spasms with decreased range of motion. The patient is having increased numbness and tingling in the left wrist. It was noted based on her future medical provision, she is entitled to get acupuncture for her acute exacerbation. Exam showed tenderness to palpation in the cervical spine with spasm and restricted range; bilateral elbows with tenderness; bilateral shoulders with positive impingement and decreased range (no degrees indicated); bilateral wrists with reduced sensation of median nerve with positive Phalen's and Tinel's and decreased grip strength. Diagnoses included cervical spine strain; bilateral carpal tunnel syndrome; bilateral lateral epicondylitis; anxiety reaction; dermatitis; and bilateral shoulder impingement syndrome. Treatment included continuation of medications with refills; change of muscle relaxant from orphenadrine to cyclobenzaprine. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. Although it was noted the patient had an exacerbation, she has been prescribed another muscle relaxant for the month prior without change in function. The Cyclobenzaprine HCl 10 MG, #60 is not medically necessary and appropriate.