

<b>Case Number:</b>	CM14-0039005		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and neck pain reportedly associated with an industrial injury of December 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated March 27, 2014, the claims administrator partially certified a request for cyclobenzaprine. The applicant's attorney subsequently appealed. In a handwritten note dated March 13, 2014, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability, for an additional month, and asked to transfer care elsewhere. On February 18, 2014, the applicant was given refills of cyclobenzaprine, tramadol, Naprosyn, Protonix, and a topical compounded gel for ongoing issues with shoulder pain status post earlier shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (Fexmid) 7.5mg #60 76218-1219:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 41-42 and 63.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including tramadol, Naprosyn, and various topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.