

<b>Case Number:</b>	CM14-0198395		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 51-year-old female with a date of injury of April 3, 2009. Results of the injury include right shoulder pain, cervical pain, and bilateral wrist and hand pain. Diagnoses include right shoulder supraspinatus tear and fraying of the subscapularis tendon, status post right shoulder surgery x 2, cervical radiculopathy, cervical spondylosis C5-6, and right C5-6 foraminal stenosis. Treatment modalities include pain medication and exercise regime. Magnetic resonance imaging of the cervical spine showed moderate progression of a mild disc osteophyte complex, asymmetric to the right at C5-6. Multifactorial mild spinal canal narrowing and mild right neural foraminal narrowing at this level, minimal degenerative disc disease at the other cervical levels, not significantly changed since 8/2011, moderate facet arthropathy at C5-6 and mild facet arthropathy at C2-3, C4-5, and C6-7, grade 1 anterolisthesis at C2 on C3. Mild reversal of normal cervical lordosis, which may be due to degenerative disc disease or muscle spasm. Progress report dated October 7, 2014 showed tenderness of the right shoulder with limited range of motion and positive impingement signs. Cervical examination noted spasm of the cervical trapezius and deltoid musculature decrease. Disability status was documented as temporary totally disabled. Utilization Review form dated November 15, 2014 non certified Cyclobenzaprine 7.5 MG #90 based on lack of compliance with MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Cyclobenzaprine is not medically necessary.