

<b>Case Number:</b>	CM14-0198793		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 injured worker was injured on 3/6/06 while stocking and carrying numerous heavy cases. Evaluation on 8/7/14 by orthopedist states that the injured worker has 8/10 left wrist/hand pain and 7/10 right wrist/hand pain with 7/10 cervical pain. She is taking 2-3 hydrocodone per day for breakthrough pain with 300mg of tramadol per day which helps decrease her pain to 4/10. She reports no side effects with NSAID for inflammation. She reports that her spasm decreases with cyclobenzaprine resulting in improvement in range of motion and decreased overall pain. On exam she has diminished median nerve sensation and decreased left grip strength. On exam there is spasm of the cervical trapezius and para-spinal musculature. Diagnoses include status post bilateral carpal tunnel release and cervical radiculopathy. Plan is to request EMG/NCV for upper extremity and refill of medications. According to 10/2/14 follow-up the injured worker continues to have cervical radicular pain. She reports she is able to maintain ADLs with prescribed medications. She continues to report benefit with cyclobenzaprine 7.5 mg in decreasing spasm an average of 5 hours with improved range of motion, tolerance to exercise and decrease in overall pain level 2-3/10. On exam she has diminished median nerve sensation and decreased left grip strength. On exam there is spasm of the cervical trapezius and paraspinal musculature. Diagnoses include status post bilateral carpal tunnel release and cervical radiculopathy. Plan is to request TENS unit trial, physical therapy of the bilateral wrists/hands, and continuation of chronic pain medication and skeletal muscle relaxant (cyclobenzaprine).

### 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:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 767, Chronic Pain Treatment Guidelines Page(s): 64-66.

**Decision rationale:** According to the reviewed medical records, the injured worker has persistent cervical muscle spasm as evidenced by physical exam findings. The spasms have been intractable to past non-medication interventions including heat/cold therapy, TENS, activity modification and exercise. The injured worker reports beneficial response to the medication with decrease spasm, improved pain, improved functional capacity and mobility from the use of cyclobenzaprine. Additionally there are no reported side effects or medication interactions. According to the MTUS guidelines, muscle relaxants are an option for treatment and may be effective in reducing pain and muscle tension and increase mobility. The MTUS also states that cyclobenzaprine is more effective than placebo in the management of back pain. While the CA MTUS does recommend short course of therapy, this is due to potential side effects with limited published evidence showing long-term efficacy. However, in this specific patient there is evidence of improvement and no report of adverse medication effects.