

<b>Case Number:</b>	CM14-0202276		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	04/01/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a male (unspecified age) who sustained an industrial injury on 04/01/2002. Diagnoses include cervical radiculopathy. Treatment to date has included medications and epidural steroid injections. Diagnostics performed to date included an MRI. According to progress notes dated 11/21/14, the IW reported continued neck and shoulder pain. He stated that Lidoderm and Flexeril improved his symptoms. A prescription for Cyclobenzaprine was requested for neck and shoulder spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 04/01/2002 and presents with pain in his shoulder and neck. The request is for CYCLOBENZAPRINE 10 MG for muscle spasm. There is no RFA provided, and the patient's work status is not known. MTUS Guidelines page 63-66 states: Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. The patient presents with muscle cramps and has spasm over the trapezius. He has cervical radiculopathy and an MRI of the cervical spine, which shows C5-C6 foramen encroachment. The patient is diagnosed with cervical radiculopathy, spondyloarthropathy, degeneration (cervical disk), and chronic L trapezius muscle spasm. There is no indication of when the patient began taking this medication. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, there is no indication of the quantity of tablets the treater is requesting for. The request is simply read as cyclobenzaprine 10-mg tablets take 1 tablet per mouth every 6 hours as needed for muscle spasm. Since the quantity of tablets of this medication is not provided, it is unknown if the quantity requested exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested cyclobenzaprine IS NOT medically necessary.