

<b>Case Number:</b>	CM14-0202828		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Practice and is licensed to practice in Colorado. 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:

54 year old female with date of injury 7/13/2010, continues care with treating physicians. Records supplied for review date from 2010-2012. Patient had Low back pain, right hip pain and right elbow pain. Some records also indicate an issue with the left elbow, which largely resolved after left lateral epicondyle release 1/8/2010. Patient has had PT and medication therapies over the years. The last office visit note available for review dated 12/14/2012 indicates patient pain 7/10 which is constant for her, and indicates medication regimen includes Cyclobenzaprine and Vicodin. An Independent Medical Review has been requested for Cyclobenzaprine prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCl 10mg QTY 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments. Page(s): 41-42, and 64.

**Decision rationale:** Cyclobenzaprine, and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its

use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. Common side effects of Cyclobenzaprine include: anticholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. (See, 2008) (Toth, 2004) The clinical records supplied date from 2010-2012. No recent records with assessments / medication lists were available for review. The records supplied indicate patient was taking Cyclobenzaprine greater than 3 months, as of 2012, without further information on its use since that time. As there is no support, per the guidelines, for long term use, and as the records supplied do not provide up to date information on this patient's complaints / exam, the request for Cyclobenzaprine is not medically indicated.