

<b>Case Number:</b>	CM15-0005410		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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 is a 34-year old female who reported an injury on 03/23/2012. The injury reportedly occurred when the injured worker was trying to grab a container full of soap, and while pushing it she felt left shoulder pain. The injured worker's diagnoses included left rotator cuff tear and tendinosis with subacromial/subdeltoid bursitis and cervical sprain/strain. The injured worker's past treatments included corticosteroid injection, acupuncture, TENS unit, physical therapy and medications. On 12/10/2014, the injured worker complained of pain that she rated 2/10 in severity. Upon physical examination, the injured worker was noted with tenderness to palpation. The injured worker's medications included naproxen and Flexeril. The request was for cyclobenzaprine 7.5 mg #60 for spasms. The rationale for the request was not clearly provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mgm #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations Title 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**Decision rationale:** The request for cyclobenzaprine 7.5 mg #60 is not medically necessary. According to the California MTUS Guidelines, cyclobenzaprine may be recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation of chronic use. The documentation indicates the injured worker has been using cyclobenzaprine since at least 09/09/2014. The documentation did not provide sufficient evidence of significant objective functional improvement as a result of the cyclobenzaprine. The documentation did not indicate muscle spasm on physical exam. In the absence of documentation with sufficient evidence of significant objective functional improvement as a result of the medication use and as the evidence based guidelines do not support chronic use, the request is not supported. Additionally, as the request was written there was no frequency provided. As such, the request is not medically necessary.