

<b>Case Number:</b>	CM15-0103625		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Pain Management

### 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 35 year old male who sustained an industrial injury on 10/26/2013. The mechanism of the injury is not described in the records received. The injured worker was diagnosed as having right shoulder pain, and right hand pain. Treatment has included medications and a home exercise program. On 02/19/2015 the injured worker is seen in follow up of the right shoulder injury. He states his shoulder pain is at a 5/10 and averages a 7-9/10. He is unable to correlate increased pain to any specific activity. Ice, heat, stretching and relaxation do decrease the pain. He states he also uses an over the counter topical medication rub with massage to help reduce the pain. On occasion the pain is severe and will develop into a headache. He is sleeping poorly and experiencing numbness /tingling in the right hand that starts in his fingers and radiates to the neck. He states he does experience stiffness in his joints in the cervical and thoracic spine that are exacerbated with cold weather and sleeping in awkward positions. He requests chiropractic and massage if possible. He is taking Celebrex for pain. Chiropractic and massage referrals were made. On examination there is no tenderness to palpation over the acromioclavicular joint, the anterior shoulder, or the posterior shoulder. There is tenderness to palpation over the spines of the boarder on the heads of the biceps and some paravertebral tenderness to the right thoracic paravertebral musculature. He has full range of motion and negative Hawkins and negative Neer. The right hand has no motor, neurologic, or circulatory deficits. The treatment plan is to continue conservative care. A request for authorization for Cyclobenzaprine 10mg #90 was submitted 05/07/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 97.

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

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.