

<b>Case Number:</b>	CM15-0106957		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 55-year-old male who sustained an industrial injury on 06/08/2011. The injured worker was diagnosed with right rotator cuff syndrome. Treatment to date was documented as conservative measures and medications. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience right shoulder pain radiating to the neck and right arm associated with weakness, numbness and tingling. The injured worker rates his pain level at 4/10. Examination of the cervical spine demonstrated decreased range of motion with extension, right and left lateral bending but normal with flexion. The right shoulder noted decreased range of motion in all planes with negative Hawkin's test. Neer's and shoulder crossover test was positive with tenderness to palpation in acromioclavicular joint, biceps groove, coracoid process and glenohumeral joint. Motor strength was documented as 5/5 bilaterally with decreased sensation over the medial forearm on the left side. Current medications are listed as Tramadol, Cyclobenzaprine, Lunesta, Omeprazole, Pantoprazole, and LidoPro ointment. Treatment plan consists of await authorization for psychological consultation, acupuncture therapy, right shoulder magnetic resonance imaging (MRI) and the current request for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.