

<b>Case Number:</b>	CM15-0136593		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, California  
 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 49-year-old female who sustained an industrial injury on 03/06/06. Initial complaints and diagnoses are not available. Treatments to date include medications, right carpal tunnel release, TENS unit, physical therapy, activity modification, stretching, home exercises, cold, and heat. Diagnostic studies include electrodiagnostic studies of the bilateral upper extremities. Current complaints include bilateral wrist pain on 5/2/15 at 7/10. The patient has had diminished sensation and positive Phalens sign in both wrists. Current diagnoses include status post right carpal tunnel release, and left carpal tunnel syndrome and cervical radiculopathy. In a progress note dated 06/04/15 the treating provider reports the plan of care as continued TENS, and medications including Tramadol, hydrocodone, Naproxen, Pantoprazole, and cyclobenzaprine, as well as a urine drug screen. The requested treatment includes cyclobenzaprine. The patient sustained the injury when she was carrying a heavy weight. The medication list includes Tramadol, Naproxen, Hydrocodone, Cyclobenzaprine and Pantoprazole. The patient's surgical history include bilateral CTR 2007. The patient had received an unspecified number of the PT visits for this injury. The patient had used a TENS unit for this injury. The patient has had history of muscle spasm of the cervical region. The patient has had EMG on 11/18/14 of upper extremity that revealed left CTS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42.

**Decision rationale:** Cyclobenzaprine 7.5mg #90, Cyclobenzaprine is a muscle relaxant. Regarding the use of skeletal muscle relaxant CA MTUS guidelines cited below state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, they show no benefit beyond NSAIDs in pain and overall improvement. Also 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. "Cyclobenzaprine is recommended for short term treatment of acute exacerbations of low back pain. Patient had sustained a chronic injury and any evidence of acute exacerbations in pain and recent objective evidence of muscle spasm was not specified in the records provided. Furthermore as per cited guideline skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. The pt mainly has wrist complaints and muscle relaxants are generally not used for symptoms related to the wrist or hands. In addition patient has had no radiculopathy on EMG testing. Therefore, it is deemed that, this patient does not meet criteria for ongoing continued use of Cyclobenzaprine 7.5mg #90. The medical necessity of Cyclobenzaprine 7.5mg #90 is not established for this patient.