

<b>Case Number:</b>	CM15-0143044		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/02/2015
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 is a 47 year old male who sustained a work related injury March 2, 2015. While lifting heavy boxes above his shoulders he felt a crack in his back and pain in his neck, left shoulder, left elbow, left wrist-hand-thumb, and low back. He underwent x-rays, physical therapy and prescribed medication. Past-history included hypertension and diabetes mellitus. An MRI of the cervical spine and lumbar spine, both dated May 17, 2015, reports are present in the medical record. An MRI of the left shoulder dated May 17, 2015, report is present in the medical record. An MRI of the left wrist dated May 15, 2015 and left elbow dated May 17, 2015, reports are present in the medical record. According to a primary treating physician's progress report dated May 28, 2015, the injured worker presented as a follow-up visit. Physical examination of the cervical spine revealed tenderness to palpation at the occiputs, trapezius, sternocleidomastoid, and levator scapula muscles; cervical distraction and compression tests are positive left and right. Examination of the left shoulder revealed tenderness to palpation at the subacromial space with supraspinatus and AC (acromioclavicular) joint arthrosis noted. Neer's impingement sign and Kennedy Hawkins are positive, left. Left elbow examination revealed tenderness over the medial and lateral epicondyle; Cozen's sign and Tinel's elbow are positive, left. There is tenderness at the carpal tunnel and the first dorsal extensor muscle compartment and generalized tenderness at the hand and tenderness at the base of the thumb. Tinel's wrist and Phalen are positive, left. Sensation to pinprick and light touch are slightly diminished over the C5-C8 and T1 dermatomes in the left upper extremity. There is palpable tenderness with spasms at the lumbar spine muscles and over the lumbosacral junction and sciatic notch tenderness.

Tripod sign, Flip test, Lasegue's differential are positive left and right. Diagnoses are cervical and lumbar sprain, strain, rule out HNP (herniated nucleus pulposus); rule out cervical spine radiculopathy; left shoulder, left elbow, left wrist rule out derangement; rule out radiculitis, lower extremity. At issue, is the request for authorization for Cyclobenzaprine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 5% cream, 110 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Online version (updated 06/15/15) Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical muscle relaxants Page(s): 113.

**Decision rationale:** Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested cyclobenzaprine cream is not medically necessary.