

<b>Case Number:</b>	CM15-0144485		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2015

### 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 42 year old female who sustained an industrial injury on 05-03-2014. Mechanism of injury was a fall injuring her left shoulder, left elbow, left wrist and hand. Diagnoses include left shoulder bursitis, left shoulder impingement syndrome, left wrist internal derangement, left wrist sprain-strain, status post left wrist fracture, left knee degenerative joint disease, left knee lateral meniscus tear and left knee strain-sprain. Treatment to date has included diagnostic studies, medications, physical therapy, cortisone injections, casting, immobilization, functional capacity evaluation, status post arthroscopic left knee subtotal medial and lateral meniscectomies on 09-25-2014. On 01-22-2015 there is an unofficial report of a Magnetic Resonance Imaging of the of the left shoulder revealed moderate tendinosis-tendinopathy of the supraspinatus tendon, mild narrowing of the subacromial space secondary to the hyper trophic changes with capsular hypertrophy of the acromioclavicular joint, mild to moderate effusion within the axillary recess of the glenohumeral joint, and small effusion within the subacromial-subdeltoid bursa. The left wrist unofficial Magnetic Resonance Imaging done on 01-22-2015 revealed a tiny cyst within the dorsal volar body of the radius and mild ulnar negative variance. A left knee unofficial Magnetic Resonance Imaging done on 01-22-2015 showed a tear of the anterior horn and body of the lateral meniscus, mild degenerative change of the posterior horn of the medial meniscus, mild bone edema consistent with a contusion of the posterior lateral femoral condylar effusion. A physician progress note dated 06-01-2015 documents the injured worker complains of left knee, left shoulder, and left elbow pain. It is described as dull, sore, tender, and it is constant. It is rated as 6 out of 10. Her left shoulder

range of motion is restricted. There is tenderness to palpation of the anterior shoulder and lateral shoulder, and there is muscle spasm present. Need's is positive, Hawking's is positive and shoulder apprehension is negative. The left elbow is tender to palpation of the lateral elbow. Her left wrist is tender to palpation of the dorsal wrist and medial wrist. Tinel's is negative. Phalen's is negative and Finkelstein's is negative. Her left knee has healed incisions and there is tenderness to palpation of the anterior knee. McMurray's is positive. She is pending left shoulder arthroscopic subacromial decompression and left knee arthroscopic lateral meniscectomy revision due to worsening mechanical painful condition. The treatment plan includes topical medications. Treatment requested is for 60 tablets of Pantoprazole 20mg, and Cyclobenzaprine HCL 7.5mg.

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

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

**Cyclobenzaprine HCL 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics (Flexeril).

**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. 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. (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.