

<b>Case Number:</b>	CM15-0145252		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 61-year-old male who sustained an industrial injury on 12-13-2013. He reported continuous trauma involving his neck, right shoulder, bilateral wrists and hands, low back, and bilateral feet. The injured worker was diagnosed as having: Cervical spine strain and sprain with left upper extremity radiculitis, spondylosis anterior narrowing of C5-C7 and bilateral neuroforaminal narrowing of C3-C4 (MRI of 04-2014); Stenosis and facet at C4-C5 and spurs at C3-C4 as per MRI of 05-2012; Bilateral shoulder sprain and strain tendinitis, periscapular sprain, tendinitis, and impingement with history of right shoulder arthroscopy, (2000); Bilateral upper extremity over use; Bilateral cubital tunnel syndrome; Bilateral wrist flexor and extensor tendinitis with carpal tunnel syndrome (1980's); Right knee patellofemoral arthralgia; Bilateral plantar fasciitis. Treatment to date has included arthroscopic surgery, medications, and diagnostic tests. According the primary treating physician's medical legal report to address a utilization review denial, it is noted that on 08/07/2014, the injured worker was seen following a continuous short course treatment of physical therapy together with medications and cortisone injections were utilized. He still had significant pain complaints of neck and bilateral wrist pain. Ranges of motion were limited with tenderness spasm and guarding present. Sensation of his lumbar and cervical spine was decreased. The plan of care included oral medications and triggers point injections, a quick draw belt, and cervical spine traction. A request for authorization was made for the following: Retro DOS: 8.7.14 Cyclobenzaprine HCL 7.5mg #60.

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

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

**Retro DOS: 8.7.14 Cyclobenzaprine HCL 7.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the Retrospective request for Cyclobenzaprine hydrochloride tablets 7.5mg #60 is not medically necessary.