

<b>Case Number:</b>	CM15-0162248		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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

### 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 58 year old male injured worker suffered an industrial injury on 3-31-2009. The diagnoses included cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement, and lumbar fusion. The treatment included surgery and medications. On 6-19-2015 the treating provider reported constant pain in the cervical spine with radiations into the upper extremities. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades rated 8 out of 10. There was constant pain in the low back with radiation to the lower extremities rated 8 out of 10. There was intermittent pain in the shoulders rated 4 out of 10. There was intermittent pain in the knees with some swelling and buckling rated 4 out of 10. There was intermittent pain in the feet rated as 4 out of 10. On exam there were cervical muscle spasms. The injured worker had not returned to work. The requested treatments included Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The patient presents with neck pain radiating to the bilateral upper extremities. The request is for CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120. Physical examination to the cervical spine on 06/01/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Range of motion was limited with pain. Per Request For Authorization form dated 07/24/15, patient's diagnosis includes lumbago. Patient's medications, per 07/24/15 RFA include Nabumentone, Lansoprazole, Ondansetron, Cyclobenzaprine, Sumatriptan, and Tramadol. Patient is permanently partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid", generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Treater does not discuss this request. Review of the medical records provided indicate that the patient received prescriptions for Cyclobenzaprine on 06/25/15 and 07/15/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines recommend short-term use of Cyclobenzaprine, not to exceed 3 weeks. The requested 120 tablets, in addition to prior use, does not imply short duration therapy. Therefore, the request IS NOT medically necessary.