

<b>Case Number:</b>	CM15-0163456		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/02/2003
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a(n) 68 year old male, who sustained an industrial injury on 5-2-03. He reported injury to his back and left leg related to cumulative trauma. The injured worker was diagnosed as having left shoulder arthritis. Treatment to date has included a left shoulder injection in 5-22-14, 5-29-14 and 7-16-15, bilateral carpal tunnel release, a left rotator cuff repair on 7-19-13 and a total hip replacement. On 4-16-15 the injured worker reported 4-5 out of 10 pain in his right hip. Objective findings include right hip rotation 10 degrees, flexion 100 degrees and external rotation 30 degrees. As of the PR2 dated 7-16-15, the injured worker reports intermittent pain in the right knee. He is here for a third Synvisc injection. The treating physician requested Cyclobenzaprine 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine tab 7.5 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post total hip arthroplasty; advanced right knee arthritis; history left total knee arthroplasty; and history left shoulder arthritis. Date of injury is May 2, 2003. Request for authorization is July 20, 2015. According to an April 16, 2015 progress note, cyclobenzaprine 7.5 mg was prescribed to the injured worker. Subjectively, the injured worker had right hip pain and right knee pain. Objectively, there was normal gait with decreased range of motion of the hip. According to a May 27, 2015 progress note, medications were not documented. According to a July 1, July 9 and July 16, 2015 progress note, the injured worker received Synvisc injections. Medications were not documented. Cyclobenzaprine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider exceeded the recommended guidelines by continuing cyclobenzaprine, at a minimum, in excess of three months. The guidelines recommend short-term (less than two weeks). Additionally, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, an appropriate clinical indication and rationale (based on the guidelines), and treatment continued in excess of the recommended guidelines for short-term use, cyclobenzaprine 7.5 mg #60 is not medically necessary.