

<b>Case Number:</b>	CM15-0169151		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 39 year old male who sustained an industrial injury November 3, 2014. Diagnoses are headaches; cervical spine sprain, strain; thoracic sprain, strain; lumbar sprain, strain; cervical radiculopathy; lumbar radiculopathy; cervical and lumbar disc protrusion; bilateral shoulder sprain, strain; status post left shoulder surgery 2001. According to a physical therapists re-evaluation, performed June 19, 2015, the injured worker has received 9 sessions of physical therapy over the last month and reports better mobility and strength. He no longer uses a cane for ambulation and noted most of his difficulty is with prolonged ambulation and static sitting. According to a primary care physician's progress report, dated July 6, 2015, the injured worker presented for follow-up complaining of headaches, rated 6 out of 10, neck pain, mid back pain, and low back pain radiating to the lower extremities with numbness and tingling in the legs and constant bilateral shoulder pain. Current medication included Genicin, Somnicin, Cyclobenzaprine Hydrochloride, Norco, Naproxen, and Omeprazole. Objective finding included; cervical range of motion flexion 40 degrees, extension 40 degrees, right and left lateral flexion 30 degrees and right and left rotation 60 degrees with tenderness to palpation and a negative Spurling's test bilaterally; there is tenderness along the trapezius muscles bilaterally; tenderness to palpation along the lumbar spine, straight leg raise is positive bilaterally. Treatment plan included additional physical therapy for 8 sessions for the cervical thoracic and lumbar spine. At issue, is a request for authorization, dated July 15, 2015, for Cyclobenzaprine Hydrochloride 7.5mg #60. An MRI of the lumbar spine performed April 4, 2015(report present in the medical record) revealed L4-L5 2 mm broad bulge with mild neural foraminal stenosis, disc indents

the thecal sac, mild central canal stenosis and mild facet effusions present; L5-S1 2 mm broad posterior rightward bulge with mild to moderate right neural foraminal encroachment, slight central canal narrowing. An MRI of the right shoulder, performed April 11, 2015(report present in the medical record) revealed a reduction of the subacromial space and AC joint hypertrophic changes with an effusion and periarticular inflammation indenting the supraspinatus muscle without evidence of rotator cuff tear or retraction. An MRI of the left shoulder, performed April 18, 2015, a partial report is present in the medical record. According to utilization review performed July 28, 2015, the request for Cyclobenzaprine Hydrochloride 7.5mg # 60 was non-certified.

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

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

#### **Cyclobenzaprine Hydrochloride 7.5mg #60: 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:** Cyclobenzaprine 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended MTUS period of use for this medication. The request for Cyclobenzaprine 7.5mg #60 is not medically necessary.