

<b>Case Number:</b>	CM15-0182245		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 36 year old male, who sustained an industrial injury on 2-16-12. The injured worker was diagnosed as having status post left shoulder arthroscopic surgery, left L5-S1 radiculopathy, and cervical pain with left upper extremity symptoms. The physical exam (4-20-15 through 6-22-15) revealed 7-8 out of 10 low back pain, 6-8 out of 10 left shoulder pain and 5 out of 10 cervical pain. Treatment to date has included a TENS unit and an LSO. Current medications include Duloxetine, Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine (since at least 4-20-15). As of the PR2 dated 8-10-15, the injured worker reports left shoulder, low back and cervical pain. He rates his left shoulder and low back pain 8 out of 10 and his cervical pain 5 out of 10. Objective findings include decreased cervical, left shoulder and low back range of motion and a positive straight leg raise test. The treating physician requested Cyclobenzaprine 7.5mg #90. On 8-31-15, the treating physician requested a Utilization Review for Cyclobenzaprine 7.5mg #90 and Duloxetine 30mg #60. The Utilization Review dated 9-9-15, non-certified the request for Cyclobenzaprine 7.5mg #90 and certified the request for Duloxetine 30mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5mg, #90 (DOS: 8/10/15): 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): Muscle relaxants (for pain). 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 7.5mg #90 (DOS: 8/10/15) 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 worker's working diagnoses are status post left shoulder arthroscopic subacromial decompression; left L5 and S1 radiculopathy; cervical pain with left upper extremity symptoms; tendinopathy/calcific tendinitis left shoulder, supraspinatus and infraspinatus; adhesive capsulitis left shoulder. Date of injury is February 16, 2012. Request for authorization is August 31, 2015. According to a progress note dated April 20, 2015, the treating provider prescribed Flexeril (cyclobenzaprine) 7.5 mg. according to a progress note dated August 10, 2015, subjective complaints include ongoing low back pain, neck pain and left shoulder pain. Injured worker underwent shoulder arthroscopy January 14, 2015. Cyclobenzaprine decreases spasm for 4 to 6 hours. Objectively, there is tenderness to palpation lumbar paraspinal muscle groups. There is no spasm documented. Neurologic examination is unchanged. 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. The treating provider exceeded the recommended guidelines for short-term (less than two weeks) treatment of acute low back pain and an acute exacerbation of chronic low back pain. At a minimum, the treating provider prescribed Flexeril in excess of four months. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documented spasm on physical examination and treatment continued in excess of four months, Cyclobenzaprine 7.5mg #90 (DOS: 8/10/15) is not medically necessary.