

<b>Case Number:</b>	CM15-0183860		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/20/1993
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on 06-20-1993. She has reported subsequent neck, shoulder, arm and hand pain and was diagnosed with disorder of shoulder joint, spinal enthesopathy of cervical region and mood and anxiety disorder. MRI of the cervical spine on 09-19-2013 showed broad based disc bulges with foraminal stenosis at C2-C3 and C3-C4 and C5-C6 and C6-C7 disc osteophyte complexes. Treatment to date has included pain medication, transcutaneous electrical nerve stimulator (TENS) unit, 21 physical therapy sessions for the neck and right shoulder and trigger point injections. Documentation shows that medication was prescribed for muscle spasms at least since 5-4-2015 and that Cyclobenzaprine was prescribed since at least 06-05-2015. In a progress note dated 08-31-2015, the injured worker reported "constant tight rubber band, muscle spasm, charlie horse pain in the right paracervical muscles to the right trapezius and down the right arm to the right long, ring and little fingers" with numbness in the right arm and the right ring and little fingers that was rated as 7 out of 10 during the visit, 8 out of 10 at worst and 3 out of 10 at best. Objective examination findings showed diminished range of motion of the neck with pain, painful right paracervical superior and middle trapezius and rhomboid trigger areas and palpable band with twitch. Robaxin was noted to help with cervical muscle spasm and Norco was noted to increase function but there was no indication as to the effectiveness of Cyclobenzaprine. Work status was documented as TPD since 7-2-2014. A request for authorization of 1 prescription of Cyclobenzaprine 10mg #30 was submitted. As per the 09-08-2015 utilization review, the request for 1 prescription of Cyclobenzaprine 10mg #30 is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Cyclobenzaprine 10mg #30:** 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).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSAIDS. Continued and chronic use of Cyclobenzaprine (Flexeril) is not medically necessary.