

<b>Case Number:</b>	CM15-0195528		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: New Jersey

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 56 year old male who sustained an industrial injury on 08-13-2014. Medical records indicated the worker was treated for cervical discogenic syndrome, cervical radiculitis, low back pain, and lumbar radiculitis. In the provider notes of 09-03-2015, the worker complains of pain in the base of the thumb. The skin on the thumb was clean and dry, reflexes were normal. There was a positive Finklestein's. His gait was normal. A universal wrist and thumb splint for DeQuervain's on the left was ordered, and the worker was given naproxen, Gabapentin, Cyclobenzaprine, Omeprazole, and Lidopro cream. The worker was referred to occupational therapy for hand therapy to treat DeQuervain's syndrome. He also complained of low back pain radiating to both lower extremities. Nerve conduction testing (05- 08-2015) showed electrodiagnostic evidence consistent with bilateral lumbar radiculopathy, involving the L4, L5, and the S1. Cyclobenzaprine was newly prescribed for chronic myofascial pain and Gabapentin for a cervical and lumbar radiculopathy. Omeprazole was given for gastrointestinal prophylaxis. He has been using Gabapentin, Omeprazole and Naproxen since at least 06-19-2015. A request for authorization was submitted for 1. Retro: DOS: 9/3/15 Omeprazole 20mg #60; 2. Retro: DOS: 9/3/15 Gabapentin 100mg #90; 3. Retro: DOS: 9/3/15 Cyclobenzaprine 7.5mg #60. A utilization review decision 09/28/2015 Authorized- Retro: DOS: 9/3/15 Gabapentin 100mg #90- Retro: DOS: 9/3/15 Omeprazole 20mg #60 and Non- authorized- Retro: DOS: 9/3/15 Cyclobenzaprine 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: DOS: 9/3/15 Cyclobenzaprine 7.5mg #60: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. According to the notes in the case of this worker, cyclobenzaprine was used as needed, but there was also record, which suggested he used it nightly. Although reports suggested when it used, it was "helpful"; there was no specific report of measurable functional gain or pain level reduction to quantify this effect. Regardless, the medication was used beyond the recommended short-term duration for which it is intended. Therefore, this request for cyclobenzaprine will be considered medically NOT necessary at this time as prescribed.