

<b>Case Number:</b>	CM15-0023793		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female, who sustained an industrial injury on 09/01/2009. She has reported subsequent bilateral shoulder pain and neck pain and was diagnosed with impingement of the left shoulder, cervicalgia, cervical discitis and myofascial pain syndrome. Treatment to date has included oral pain medication, epidural steroid injections, chiropractic care and physical therapy. In a progress note dated 01/09/2015, the injured worker complained of neck pain. Objective findings were notable for restricted range of motion of the cervical spine, positive compression test and hypertonicity of the lumbar paraspinal muscles. The physician noted that part of the treatment plan was to order Cyclobenzaprine to be used as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg 1 po BID prn muscle spasm #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient has a date of injury of 09/1/09 and presents with neck pain that radiates down the right shoulder. The current request is for Cyclobenzaprine 5MG 1PO BID PRN Muscle Spasm #60. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The Utilization review denied the request stating that there is no documentation of benefit from utilizing this medication. This is an initial request for Cyclobenzaprine. Given that the patient is followed up on a monthly basis and this is an initial request for #60, recommendation cannot be made. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.