

<b>Case Number:</b>	CM15-0025647		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 46 year old female who sustained an industrial injury on 02/22/2012. Current diagnoses include left shoulder injury status post surgery in 01/2013, status post surgical, displacement of cervical intervertebral disc without myelopathy, and cervical radiculitis. Previous treatments included medication management, shoulder surgery, and home exercise program. Report dated 06/20/2014 noted that the injured worker presented with complaints that included constant left shoulder pain and neck pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included take medications as needed, no side effects of medication reported, recommend functional capacity evaluation (FCE), encourage home exercise program, awaiting QME, follow-up in one month, and prescription for omeprazole, naproxen sodium, and Lidopro ointment. There was no recent documentation submitted for review. Requested item is cyclobenzaprine 7.5mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

**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. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.