

<b>Case Number:</b>	CM15-0026014		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: 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 57 year old female, who sustained a cumulative industrial injury from January 1, 1990 through January 25, 2010. She has reported headaches, neck pain, abdominal pain, upper, mid and low back pain, bilateral shoulder pain, wrist, hand, thumb and finger pain, upper arm, elbow and forearm pain, left hip and upper leg pain, bilateral knee, lower leg, ankle and foot pain and numbness, tingling and weakness in the arms, hands, legs and feet. The diagnoses have included cephalgia and dizziness, cervical radiculopathy, status post cervical surgery, thoracic radiculopathy, lumbar radiculopathy, TMJ pain, left foot pain, bilateral shoulder and knee pain, abdominal pain, cognitive problems, emotional disturbances, sleep disturbances and decreased libido. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, conservative therapies, physical therapy, aqua therapy, steroid injections, pain medications and work restrictions. Currently, the IW complains of headaches, neck pain, abdominal pain, upper, mid and low back pain, bilateral shoulder pain, wrist, hand, thumb and finger pain, upper arm, elbow and forearm pain, left hip and upper leg pain, bilateral knee, lower leg, ankle and foot pain and numbness, tingling and weakness in the arms, hands, legs and feet. The injured worker reported an industrial injury in 2010, resulting in the above pain. She reported three previous work injuries and was noted to have also had a specific industrial injury in 2010. She was treated conservatively however required multiple surgical interventions. She reported some benefit with physical therapy. She reported emotional and sleep difficulties and decreased libido secondary to the chronic pain. Evaluation on December 3, 2014, revealed continued complaints. On February 2, 2015, Utilization Review

non-certified a Cyclobenzaprine 7.5mg #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 6, 2014, the injured worker submitted an application for IMR for review of requested 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 Flexeril Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

**Decision rationale:** According to guidelines, Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. According to the medical records the patient has been using muscle relaxants for a prolonged period of time and is not recommended and thus not medically necessary.