

<b>Case Number:</b>	CM15-0030288		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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 48 year old female, who sustained an industrial injury on March 20, 2011. The diagnoses have included left carpal tunnel syndrome and status post right carpal tunnel release and right cubital tunnel release. Treatment to date has included medication, topical agents, and surgical intervention to include left and right carpal tunnel release and right cubital tunnel release. Currently, the injured worker complains of numbness and tingling of the left hand. On examination, the injured worker had a well-healed wound on the right elbow which was non-tender. The wound on the right palm was minimally tender with improved sensation. There is a positive Tinel's sign and a positive Phalen's test on the left and diminished sensation in the medial nerve distribution. On January 26, 2015 Utilization Review non-certified a request for cyclobenzaprine 5 mg #20 with 60 refills, noting that the use of cyclobenzaprine to other agents is not recommended by the guidelines. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of cyclobenzaprine 5 mg #20 with 60 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine tab 5mg day supply: 20 QTY: 60 Refills: 0 Rx date: 01/05/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

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

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine tab 5mg day supply: 20 QTY: 60 Refills is not medically necessary.