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| <b>Case Number:</b>   | CM15-0032587 |                              |            |
| <b>Date Assigned:</b> | 02/26/2015   | <b>Date of Injury:</b>       | 04/29/2012 |
| <b>Decision Date:</b> | 04/10/2015   | <b>UR Denial Date:</b>       | 02/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2015 |

### 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 53 year old female who sustained an industrial injury on 04/29/2012. She has reported right shoulder pain, neck pain, and pain in the left ankle. Diagnoses include status post right shoulder rotator cuff repair/subacromial decompression; status post right shoulder surgery (remote); and cervical pain with upper extremity symptoms. Treatment to date includes physical therapy for shoulder pain, arthroscopic right shoulder surgery, chiropractic treatments of the cervical spine, and physical therapy sessions for the left ankle. Transcutaneous Electrical Neurostimulation (TENS) unit usage and medications were also used with a report of an overall pain decrease of 5-6 points on a scale of 10 with improved range of motion and greater tolerance to activity and exercises with medications. A progress note from the treating provider dated 01/16/2015 indicates the IW still has shoulder pain rated as 6/10 on a scale with 10 being the greatest pain. She complains of spasms that remained refractory to all except cyclobenzaprine which decreases pain an additional 3 points on an average scale of 10 with increase in tolerance to activities of daily living and increased tolerance to exercise. Examination of the shoulder reveals tenderness with no signs of infection, an improving range of motion and well-healed arthroscopic portals. Cervical range of motion is 40- 50% of normal. On 02/05/2015 Utilization Review non-certified a request for Cyclobenzaprine 7.5 MG #90, The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 MG #90:** Upheld

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

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

**Decision rationale:** The patient presents with right shoulder pain, rated 6/10 and cervical pain, right side greater than left, rated 6/10. The request is for CYCLOBENZAPRINE 7.5 MG # 90. Physical examination to the cervical spines on 01/22/15 revealed tenderness to palpation to the paracervical musculature. Patient's treatments have included chiropractic, physical therapy, TENS unit and medications. Patient's diagnosis, per 01/16/15 progress report include status post right shoulder rotator cuff repair/subacromial decompression, status post remote right shoulder surgery, and cervical pain with upper extremity symptoms. Per 12/19/14 progress report, patient's medications include Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Patient's work status is temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend 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 their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In this case, no RFA was provided. Treater has not provided a reason for the request. Patient has been prescribed Cyclobenzaprine on 08/13/14, 09/05/14, 10/24/14, 12/19/14 and 01/16/15. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 90 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.