

<b>Case Number:</b>	CM15-0046953		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/11/2007
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 40 year old female with an industrial injury dated May 11, 2007. The injured worker diagnoses include protrusion C5-6 with neural encroachment, cervical spondylosis, left shoulder acromioclavicular osteoarthopathy with impingement and right shoulder pain. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/7/2015, the injured worker reported bilateral shoulder pain and cervical pain with intermittent upper extremity symptoms. Physical exam revealed limited range of motion and tenderness of the bilateral shoulder and cervical spine. The treating physician noted decrease spasms of the cervical trapezius. The treating physician prescribed Cyclobenzaprine for date of service 1/7/2015 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5mg #90 (DOS: 01/07/15): Upheld**

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

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

**Decision rationale:** The patient was injured on 05/11/07 and presents with bilateral shoulder pain and cervical spine pain. The retrospective request is for Cyclobenzaprine 7.5mg #90 (Dos: 01/07/15). The RFA is dated 01/13/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 01/24/14. MTUS Guidelines page 63-66 states "Muscle relaxants (for pain): recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommended for a short course of therapy." The patient has tenderness of both the left and right shoulder as well as a limited range of motion. There is tenderness of the cervical spine and spasm of the cervical trapezius. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Cyclobenzaprine as early as 01/24/14, which exceeds the 2 to 3 week limit recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.