

<b>Case Number:</b>	CM15-0050815		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 58 year old female who sustained an industrial injury on 07/07/2014. Current diagnoses include sprain of neck, tendonitis, and carpal tunnel syndrome. Previous treatments included medication management and bilateral wrist splints. Diagnostic studies included electrodiagnostic study on 11/12/2014, cervical spine x-rays on 11/19/2014. Initial complaints included tingling in the fingers, pins and needles in both hands, and neck stiffness. Report dated 01/27/2015 noted that the injured worker presented with complaints that included constant stabbing, throbbing neck pain and stiffness radiating to the head, frequent aching in the right arm and hand with pins and needles with radiation to the upper extremity, and frequent aching in the left arm and hand with pins and needles with radiation to the upper extremity. Pain level was rated as 8 out of 10 in the neck, 7 out of 10 in the right arm/hand, and 6 out of 10 in the left arm/hand on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for Meds-4 interferential unit with garment for home use, need medical records and results of EMG testing, cyclobenzaprine, and Voltaren. Disputed treatment includes cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are myoligamentous cervical spine sprain/strain; myofascial pain syndrome; tendinitis and impingement syndrome bilateral shoulders; lateral epicondylitis right elbow; tendinitis bilateral wrists; DeQuervain's tenosynovitis, bilateral wrists; and carpal tunnel syndrome, bilateral. There is a single progress note in the medical record from the requesting physician dated January 27, 2015. The documentation does not provide evidence of lumbar or lower back complaints. There is no physical examination of the lumbar spine. There is no documentation of muscle spasm in the cervical region. Cyclobenzaprine is recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic back. There was no discussion in the medical record of low back pain (acute or chronic) and there was no physical examination of the lumbar spine. The frequency for cyclobenzaprine (once per day or twice per day) is not documented the medical record. Additionally, the documentation does not state whether the cyclobenzaprine 5 mg #60 is a refill or first prescription. There is no documentation of objective functional improvement with respect to ongoing cyclobenzaprine. Consequently, absent clinical documentation with a clinical indication and rationale with treatment in excess of the recommended guidelines for short-term (less than two weeks) treatment of acute low back pain or an exacerbation in chronic low back pain, Cyclobenzaprine 5 mg #60 is not medically necessary.