

<b>Case Number:</b>	CM15-0082560		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/31/2008
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Colorado

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 work related injury October 31, 2008. Diagnoses include bilateral shoulder pain, bilateral wrist pain, neck pain and low back pain. According to a March 11, 2015 primary treating physician's follow-up consultation, the injured worker presented with right and left shoulder pain, 6/10, low back pain right greater than left with lower extremity symptoms 7/10, cervical pain, left elbow pain and left wrist pain all rated 5/10. Exercise and light household duties, grooming, and cooking are maintained by current medications. Treatment plan is to continue with remaining physical therapy, continue TENS unit, continue with psychiatrist, continue prescribed medication including Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90:** 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 Pain Interventions and Treatments Page(s): 41-42, and 64.

**Decision rationale:** Cyclobenzaprine (Flexeril) and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. The records supplied indicate patient has been taking Cyclobenzaprine greater than 3 months, and the record does not specify area for which she uses it. The record does indicate that the Cyclobenzaprine helps with pain and decreases spasms. The urine drug screen included in the records does not show the presence of Cyclobenzaprine, so unclear if patient using routine or intermittent. Even if patient only takes the Cyclobenzaprine intermittently, its effectiveness diminishes so quickly, that its use after 3 months would yield little benefit relative to the risks of side effects, based on the evidence. As there is no support, per the guidelines, for long-term use, the request for Cyclobenzaprine is not medically necessary.