

<b>Case Number:</b>	CM15-0085449		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/01/1998
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 (IW) is a 66 year old male who sustained an industrial injury on 12/01/1998. He reported chronic neck, low back, right shoulder, and upper extremity pain. The injured worker was diagnosed as having carpal tunnel syndrome, cervical disc displacement, thoracic disc displacement, and long term medication use. Treatment to date has included right shoulder surgery (2004), right carpal tunnel release, (2005). Currently, the injured worker complains of neck pain radiating down the right shoulder and into the right upper extremity with numbness and tingling into the index and thumb finger. The IW reports a combination of Norco, Methadone, and other medications help reduce pain from a 9/10 to a 2/10. With use of medication, he is able to continue working 3 days per week. He is able to exercise better with less pain, and walk his dogs better with less pain. The medications requested are: Pantoprazole 20mg #60, Naproxen 550mg #90, and Cyclobenzaprine 7.5mg #90.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine (Flexeril) 7.5 mg #90 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 long-term use of medications; displacement thoracic disc without myelopathy; cervical disc displacement without myelopathy; and carpal tunnel syndrome. The earliest progress note in the medical record is dated November 21, 2014. The treating provider prescribed cyclobenzaprine at that time. There is no documentation indicating the start date for cyclobenzaprine. The most recent progress note in the medical record is May 1, 2015. The treating provider continued cyclobenzaprine at that time. Subjectively, according to the May 1, 2015 progress note, the injured worker complained of neck, low back, right shoulder and upper extremity pain. Objectively, there were no motor deficits. The only clinical finding was decreased sensation for light touch along the C7 dermatome on the right. There was no muscle spasm noted. Cyclobenzaprine is indicated for short-term (less than two weeks). At a minimum, the treating provider prescribed cyclobenzaprine in excess of five months. The start date is unknown and, therefore, the total duration of cyclobenzaprine is unknown. The treating provider exceeded the recommended guidelines for short-term use. Additionally, there is no clinical rationale in the medical record for its continued use. Consequently, absent clinical documentation with objective functional improvement to support ongoing cyclobenzaprine in excess of the recommended guidelines for short-term use, Cyclobenzaprine (Flexeril) 7.5 mg #90 is not medically necessary.