

<b>Case Number:</b>	CM14-0143299		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/01/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old female who reported an industrial injury on 12/1/2008, almost six (6) years ago, attributed to the performance of her usual and customary job tasks. The patient reported that she was standing on the stairs and was hit by a running student falling forward onto the stairs in which she struck her right knee, hands, and elbows. The patient was off work and subsequently underwent arthroscopy to the left knee. The patient was diagnosed with cervical strain; cervical degenerative disc disease; cervical stenosis to my: possible right upper extremity radicular pain; right shoulder anatomic impingement; labral lesion; degenerative joint disease; right upper extremity neurological syndrome; brachial plexus injury; features of CRPS; right wrist triangular fibrocartilage complex tear; status post right wrist arthroscopy repair of TFCC; right knee lateral meniscus tear; chondromalacia/degenerative joint disease; status post right knee arthroscopy, subtotal lateral meniscectomy, chondroplasty medial for moral condyle; internal derangement left knee status post left knee arthroscopy. The patient has been prescribed muscle relaxers on a chronic basis. The patient is prescribed Amirx 15 mg (cyclobenzaprine ER).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amirx 15mg CC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants For Pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-medications for chronic pain; muscle relaxants; Cyclobenzaprine

**Decision rationale:** The prescription for Amirx (cyclobenzaprine) 15 mg is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine/Amirx for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of Cyclobenzaprine 10 mg #90 for the effects of the industrial injury.