

<b>Case Number:</b>	CM14-0217966		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 41 year old female who sustained an industrial related injury on 12/02/2010 of unknown mechanism. The initial results of the injury and diagnoses were not provided or discussed. Per the evaluation, dated 12/16/2014, the injured worker's subjective complaints included request for medication refills. Objective findings included restricted range of motion with flexion limited to 10 degrees by pain, extension limited to 10 degrees by pain, right lateral bending limited to 10 degrees by pain, left lateral bending limited to 10 degrees by pain, lateral rotation to the left limited to 10 degrees by pain and lateral rotation to the right limited to 10 degrees by pain. There was spinous process tenderness noted at C4, C5 and C6, and Spurling's maneuver produced no pain in the neck, musculature, or radicular symptoms in the arm. Current diagnoses included cervicalgia, encounter for long-term use of other medications, opioid dependence unspecified, and pain in joint-shoulder. Diagnostic testing had included an EMG and nerve conduction velocity test which revealed normal right upper extremity without electrical evidence of right cervical radiculopathy or peripheral median and ulnar sensorimotor nerve involvement. Previous treatments and therapies were not discussed other than current medications. The cyclobenzaprine was requested for the treatment of shoulder pain and cervicalgia. Current medications included: Ativan 1 mg, Gabapentin 100 mg, levothyroxine 75 mg, Lisinopril 20 mg, Norco 10/325 mg, Celebrex 100 mg twice daily, buprenorphine 2 mg three times per day which was recently increased (01/14/2015) to 8 mg three times per day, and cyclobenzaprine 5 mg twice daily which was increased to 10 mg three times per day per the request for authorization. The injured worker reported pain was unchanged, and also reported that quality of life and activities of daily living

were unchanged. The injured worker stated that "the medications are less effective." There were no changes in functional deficits on the two reports submitted for review. The injured worker's work status was not discussed or mentioned in the clinical notes; therefore, it is unknown as to whether she is working modified duty or is temporarily totally disabled. Dependency on medical care was unchanged. On 12/05/2014, Utilization Review non-certified a request for cyclobenzaprine 10 mg #90 which was requested on 12/05/2014. The cyclobenzaprine was non-certified based on exceeding the recommended guidelines for short term use only (3 weeks or less). The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of cyclobenzaprine 10 mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 10mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril; 1/2) UpToDate, Flexeril

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy... The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy... The addition of cyclobenzaprine to other agents is not recommended." The patient is on multiple other agents which is not recommended. As described above, the request for Cyclobenzaprine 10mg #90 is not medically necessary.