

<b>Case Number:</b>	CM15-0014367		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old male who reported injury on 06/23/2014. The mechanism of injury was that the injured worker was transferring waste water and fell. The injured worker had an MRI of the right shoulder. Documentation of 12/04/2014 revealed the injured worker had right shoulder pain and cervical pain. Documentation indicated the spasms were refractory to stretching, cold, heat, activity modification, physical therapy and home exercise prior to cyclobenzaprine. The documentation indicated the injured worker was utilizing the medication at 3 time a day dosing to facilitate a decrease in intractable spasms for the average of 5 hours with improved range of motion and tolerance to exercise and decreased pain level. The injured worker's pain level was noted to be decreased 3 to 4 points on the average. There were no adverse side effects. The diagnoses included right shoulder subacromial bursitis and impingement, right shoulder labral tear and cervical sprain and strain improving. The treatment plan included a continuation of a TENS unit and conservative care, as well as physical therapy/work hardening, tramadol ER 150 mg, pantoprazole 20 mg #90 one by mouth 3 times a day and cyclobenzaprine 7.5 mg 1 by mouth 3 times a day as needed severe spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (12/4/2014) Cyclobenzaprine 7.5mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had exceptional factors, which would support the necessity for the use of the medication for an extended duration. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective (12/4/2014) cyclobenzaprine 7.5mg #90 is not medically necessary.