

<b>Case Number:</b>	CM15-0018871		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 37 year old male, who sustained an industrial injury on 6/7/13. The injured worker has complaints of right wrist pain, dorsal aspect. He has pain with right wrist extension against resistance. The diagnoses have included status post right triangular fibrocartilage complex (TFCC) repair, 4/29/14. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit; physical therapy; right hand and wrist X-ray showed no bony abnormalities and medications. According to the utilization review performed on 1/29/15, the requested Tramadol ER 150 mg # 60, Naproxen 550 mg # 90 and Pantoprazole 20 mg # 90 has been certified. The requested Cyclobenzaprine 7.5 mg # 90 has been non-certified. CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines Page 64, Muscle Relaxants (for pain), was used in the utilization review. In particular, muscle relaxers are for short duration use, there is no documentation of acute low back pain in a patient with chronic low back pain. Therefore, the request for Cyclobenzaprine 7.5 mg # 90 is neither medically necessary nor appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The 1/29/15 Utilization Review letter states the Cyclobenzaprine 7.5mg, #90 requested on the 1/22/15 form, was not necessary because the patient did not have acute low back pain. According to the 12/12/14 orthopedic report, the patient presents with 5/10 right wrist pain. The diagnosis is status post right TFCC repair, 4/29/14. Cyclobenzapriene 7.5mg, tid, #90 was prescribed as needed for severe spasms. The report states that "Spasm had remained refractory to stretching, heat, cold activity modification, PT and home exercises prior to cyclobenzaprine dosing." Cyclobenzaprine decreases spasms for 5 hours and improved tolerance to exercise and decreased pain levels. The report did not have exam findings of severe spasms, nor did it discuss the location of the spasms. The 11/19/14 report shows use of Cyclobenzaprine. MTUS Chronic Pain Medical Treatment Guidelines pg 63-66, "Muscle relaxants (for pain)" under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) The available records show the patient has been using Cyclobenzaprine longer than 3-weeks, which exceeds the MTUS recommendations. The continued use of Cyclobenzaprine 7.5mg, #90, IS NOT medically necessary.