MAXIMUS Federal Services

| Case Number: | CM15-0110103 | | |
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| Date Assigned: | 06/16/2015 | Date of Injury: | 03/31/2009 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/11/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 58 year old male who reported an industrial injury on 3/31/2009. His diagnoses, and/or impressions, are noted to include: multi-level lumbar degenerative disc disease, status-post lumbosacral fusion surgery, and removal of hardware; cervical discopathy and cervicalgia; bilateral carpal tunnel syndrome; left shoulder impingement with full and partial tears, and status-post right shoulder arthroscopic surgery; bilateral hip bursitis versus lumbar radiculitis; internal derangement of the bilateral knees, and with meniscus tear, status-post right knee arthroscopic surgery with probable re-tear; bilateral plantar fasciitis. Electrodiagnostic studies of the upper and lower extremities, with abnormal findings, were noted on 11/20/2014; and current magnetic imaging studies of the cervical and lumbar spine, with abnormal findings, are noted on 11/17/2014. His treatments have included an agreed medical re-examination with report on 2/10/2015; diagnostic studies; medication management with the discontinuation of non-steroidal anti-inflammatories on 12/17/2014 due to rectal bleeding - resolved; and rest from work. The progress notes of 3/20/2015 noted a constant, severe and radiating cervical pain, into the upper extremities, associated with migrainous headaches, and aggravated by activities; constant, severe and radiating low back pain, into the lower extremities, aggravated by activities; intermittent, moderate bilateral shoulder pain, and aggravated by activities; intermittent, moderate, bilateral knee pain, with swelling and buckling, and aggravated by activities; and intermittent, moderate pain to the bilateral feet/ankles, associated with swelling and buckling, and aggravated by activities. Objective findings were noted to include unchanged pain with no acute distress; tenderness with spasms with positive axial loading compression test and positive Spurling's maneuver of the cervical spine that is

with painful and limited range-of-motion; tenderness bilateral shoulder joints with positive impingement and Hawkins sign, left drop-arm sign, rotator cuff weakness, and limited range-of-motion; tenderness to the lumbar region with positive seated nerve-root test and painful terminal motion; tenderness with positive McMurray's sign and patellar compression test of the bilateral knees; and tenderness of the feet/ankles with tight cord and pain with dorsiflexion at the foot. The physician's requests for treatments were noted to include the continuation of appropriate pharmacological agents for symptomatic relief, such as Cyclobenzaprine Hydrochloride.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants - Cyclobenzaprine Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p 63.

**Decision rationale:** The claimant sustained a work injury due to cumulative trauma with a date of injury in March 2009. He continues to be treated for neck, low back, bilateral shoulder, bilateral knee, and bilateral ankle and foot pain. When seen, there was pain with range of motion and tenderness. There was decreased upper extremity strength. Impingement testing of the shoulders was positive and there was a positive left drop arm sign. McMurray's testing and patellar compression testing of the knees was positive. There was positive seated straight leg raising. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with continued long-term use and was therefore not medically necessary.