

<b>Case Number:</b>	CM15-0112835		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 56 year old female who sustained an industrial injury on 08/23/11. Initial complaints and diagnoses are not available. Treatments to date include left knee surgery and replacement, cervical spine surgery, multiple cortisone injections, and Hyaluronic acid injections. Diagnostic studies include 3 MRIs of the left knee and 2 MRIs of the right shoulder. Current complaints include left knee and right shoulder pain. Current diagnoses include end stage knee arthritis and right shoulder rotator cuff tear, early arthritis, and synovitis. In a progress note dated 03/19/15, the treating provider reports the plan of care as right shoulder surgery. The requested treatments include cyclobenzaprine. The injured worker was noted to be on Norco, anti-inflammatories, and Voltaren gel on the date of service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Cyclobenzaprine 10mg #60 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The patient has already been on Cyclobenzaprine per documentation submitted. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended MTUS time frame. The request for Cyclobenzaprine is not medically necessary.