

<b>Case Number:</b>	CM15-0121299		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Pennsylvania, Ohio, 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 56 year old male, who sustained an industrial injury on July 5, 2007. He reported an injury to his head and right shoulder, low back and bilateral knees following a motor vehicle accident. Treatment to date has included diagnostic imaging, right shoulder arthroscopic surgery, right should subacromial decompression, left knee arthroscopic surgery, medications, aquatic therapy, home exercise program, Synvisc injections to the knee, epidural steroid injections, TENS unit and work restrictions. Currently, the injured worker complains of pain which he rates a 2 on a 10-point scale with medications and a 7 on a 10-point scale without medications. His current medication regimen includes Lidocaine patch as needed, trazodone at bedtime as needed, cyclobenzaprine as needed, Norco as needed and ibuprofen as needed. On physical examination the injured worker exhibits a normal gait. He had no tenderness to palpation or range of motion of the cervical spine. He had tenderness to palpation over the lumbar paravertebral spine on the right side and limited range of motion due to pain. Straight leg raise test and lumbar facet loading was negative bilaterally. A right shoulder inspection revealed restricted range of motion due to pain. A Hawkins test and Neer test are positive and he has tenderness to palpation over the posterior right shoulder. He had no limitation in range of motion of the left knee and had tenderness to palpation over the patella. A patellar grind test was positive and he had crepitus of the left knee noted with movement. The diagnoses associated with the request include shoulder pain, knee pain, low back pain and cervical pain. The treatment plan includes continuation of TENS unit daily, continuation of home exercise program, left knee steroid injection, continued Norco, Flexeril, Lidoderm patch and Trazodone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41-42. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril Page(s): 63-64.

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.