

<b>Case Number:</b>	CM15-0172955		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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 29 year old female, who sustained an industrial injury on 4-18-2013. Diagnoses include repetitive strain injury with myofascial pain syndrome, neck and bilateral upper extremities, EMG (electromyography) evidence of bilateral C6-7 cervical radiculopathies, clinically not evident, and minimal degenerative cervical disc disease. Treatment to date has included diagnostic testing including magnetic resonance imaging (MRI) and EMG (electromyography)-NCV (nerve conduction studies), medications, physical therapy, trigger point injections, biofeedback and deep tissue massage therapy. Medication as of 4-21-2015 included Flexeril. Per the Progress Report dated 4-21-2015, the injured worker presented for follow-up of problems she is having with her neck and upper extremities. She reported that she is feeling 25% better. Pain level is at 3 out of 10. She has finished 6 sessions of deep tissue myofascial therapy and found it extremely helpful. She has had one session of physical therapy which she found helpful and triggers point injections for which she would like a repeat today. Objective findings of the cervical spine included discrete tender trigger points over the right and left upper trapezius, mid scapular and scapular areas. Palpation of the upper extremities revealed pain. A trigger point injection was administered. On 8-21-2015, Utilization Review non- certified the request for Cyclobenzaprine 10mg #30 citing lack of documentation of medical necessity.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 10 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

**Decision rationale:** The claimant sustained a work injury in April 2013 and continues to be treated for neck and bilateral upper extremity pain. Medications have included Flexeril prescribed since at least February 2015. When seen, there had been benefit after deep tissue myofascial therapy. Physical examination findings included trapezius, mid scapular, and scapular muscle trigger points with twitch response and referred pain. There was a normal neurological examination. There was upper extremity tenderness. Trigger point injections were performed. She remained on Flexeril, which was being taken two times per week. Flexeril (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, there was no acute exacerbation and it was being prescribed on a long-term basis. Ongoing prescribing is not considered medically necessary.