

<b>Case Number:</b>	CM15-0067759		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 9/21/12. The injured worker has complaints of neck pain radiating to the upper extremities; bilateral shoulder pain; bilateral elbow pain; bilateral forearm/wrist/hand pain with associated numbness and tingling and mid and low back pain. The diagnoses have included cervical spine musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis; bilateral shoulder periscapular strain with impingement, bursitis and tendinitis and bilateral elbow medial and lateral epicondylitis. Treatment to date has included left ankle, left upper extremity, left lower extremity and neck and back X-rays; norco for chronic pain and cyclobenzaprine for spasm to resume activity and function. The request was for cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines does not support the chronic use of Cyclobenzaprine. Recommended use is for up to 3 weeks and then occasional short term use for distinct flare-ups is Guideline supported. The prescription is for chronic daily use. There are no unusual circumstances to justify an exception to the Guidelines. The Cyclobenzaprine 7.5mg #60 is no supported by Guidelines and is not medically necessary.