

<b>Case Number:</b>	CM15-0071015		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: 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 41 year old female who sustained an industrial injury on 8/1/2011. Her diagnoses, and/or impressions, included: mild right carpal tunnel syndrome; rotator cuff tear; status-post-surgical (1/2013); myofascial pain; shoulder sprain/strain; right shoulder (2012)/left carpal tunnel syndrome, with left wrist carpal tunnel release (5/7/14); and sleep issues with poor coping. No current magnetic resonance imaging studies are noted. Electrodiagnostic studies were stated to have been done (9/5/14). Her treatments have included bilateral shoulder surgeries; physical therapy for the bilateral shoulders; left wrist carpal tunnel release (5/14) with 24 physical therapy sessions - helpful; right carpal tunnel cortisone injection therapy resulting in complete relief (9/11/14); ice therapy; anti-inflammatories; home exercise program; transcutaneous electrical stimulation unit therapy; modified work duties; and medication management - currently on Naproxen. A functional capacity evaluation was noted to have been done on 1/29/2015. Progress notes of 1/6/2015 reported intermittent left wrist pain, increased from activities at work; difficulty sleeping; low energy; overeating; and some difficulties with dressing herself, making meals, writing and using the telephone. Also complained of was moderate-severe and constant cervical and bilateral shoulder pain, improved with medications and rest; and left wrist pain worsened by activities. The physician's requests for treatments were noted to include Cyclobenzaprine. The requests for treatment on 2/2/2015 also noted Cyclobenzaprine, to be used short-term only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cyclobenzaprine 7.5mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with chronic cervical and bilateral shoulder pain and bilateral wrist pain. The request is for Retro: Cyclobenzaprine 7.5mg #30 with 2 Refills. The provided RFA is dated 02/02/15 and the patient's date of injury is 08/01/11. The diagnoses include mild right carpal tunnel syndrome; rotator cuff tear; status-post-surgical (1/2013); myofascial pain; shoulder sprain/strain; right shoulder (2012)/left carpal tunnel syndrome, with left wrist carpal tunnel release (5/7/14); and sleep issues with poor coping. Treatments to date have included bilateral shoulder surgeries, physical therapy for the bilateral shoulders, left wrist carpal tunnel release (5/14) with 24 physical therapy sessions, right carpal tunnel cortisone injection, home exercise program, TENS, and medication management. Current medications include Cyclobenzaprine, Gabapentin, Lunesta, Omeprazole and Naproxen. The patient works modified duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Cyclobenzaprine was first prescribed to the patient on 01/07/15, per provided medical reports. Treater has not provided reason for the request, or documented aim of use, potential benefits and side effects but stated in the 03/18/15 progress report that the patient "will use it only short term". MTUS Guidelines do not recommend the use of Flexeril for longer than 2-3 weeks. Furthermore, the request includes 2 refills which do not indicate short term use. Use of this medication has exceeded guidelines and therefore, is not medically necessary.