

<b>Case Number:</b>	CM15-0072224		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 35 year old female, who sustained an industrial injury on 05/24/2012. According to a progress report dated 03/06/2015, the injured worker was seen in follow up for neck pain, pain in the thoracic spine, fibromyositis, shoulder pain and low back pain. She reported chronic pain with intermittent flare ups and swelling and numbness in the upper extremities. She also reported memory loss, mood changes and insomnia. She was currently working full time with restrictions and going to school full time. Treatment to date has included surgical intervention, physical therapy, chiropractic care, acupuncture, traction, TENS unit, medications and psych. Medications included Cyclobenzaprine, Flonase, Neurontin, Norco and Sudafed 12 hour. Diagnoses included pain in joint shoulder region, myalgia and myositis unspecified, pain in thoracic spine, lumbago and Cervicalgia. Prescriptions were given for Cyclobenzaprine, Neurontin and a cervical pillow roll. Currently under review is the request for Cyclobenzaprine and Cervical pillow roll.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg quantity 60 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to show the worker was experiencing an acute flare of muscle spasm which might have warranted a short course of cyclobenzaprine. On the contrary, the request was to continue chronic use of this medication which is not recommended use of this class of medication for the diagnoses listed. Therefore, the request for cyclobenzaprine will be considered medically unnecessary.

**Cervical pillow roll:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back: Pillow; Knee and Leg: Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back section, Pillow.

**Decision rationale:** The MTUS Guidelines do not address cervical pillow use. The ODG, however, states that cervical pillows are recommended during sleep, but only in conjunction with daily exercises as it was not shown to be effective without the exercises. In the case of this worker, there was some evidence that the worker was completing home exercises regularly enough to warrant a cervical pillow roll. Therefore, the request for a cervical pillow roll is reasonable and medically necessary.