

<b>Case Number:</b>	CM15-0075269		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, 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 49 year old male, who sustained an industrial injury on December 18, 2013. He reported a sudden onset of pain in the right side of the head radiating down the right and to the lower back. The injured worker was diagnosed as having brachial neuritis or radiculitis, unspecified myalgia and myositis, and degeneration of cervical intervertebral disc. Diagnostic studies to date have included and MRI. Treatment to date has included acupuncture, chiropractic care, right shoulder injections, and medications including cannabinoid, muscle relaxant, proton pump inhibitor and non-steroidal anti-inflammatory. On April 15, 2015, the injured worker complains of chronic pain of the right upper extremity including the shoulder, upper arm, and hand. His pain is described as constant, aching, numbness, and tingling. His pain is rated on average 6/10 and currently it is rated 7/10. He reports numbness, inability to fall asleep and difficulty staying asleep due to pain, and frustration due to the pain. The physical exam revealed myofascial bands with twitch response over the bilateral levator, bilateral trapezius, right semispinalis capitis, and the left splenius capitis muscles. The injured worker underwent trigger point injections of the bilateral levator, bilateral trapezius, right semispinalis capitis, and the left splenius capitis muscles. The requested treatment is Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Rx Cyclobenzaprine:** 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 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.