

<b>Case Number:</b>	CM15-0076365		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 57 year old male, who sustained an industrial injury on 09/25/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post lefts shoulder arthroscopy and rule out impingement/rotator cuff pathology of the left shoulder. Treatment to date has included medication regimen, exercise regimen, use of a transcutaneous electrical nerve stimulation unit, and above listed procedure. In a progress note dated 02/23/2015 the treating physician reports complaints of left shoulder pain that is rated a seven out of ten. The treating physician also notes left shoulder tenderness with limited range of motion, atrophy to the left deltoid, and spasms to the left deltoid musculature/cervical trapezius decrease. The treating physician requested the medication Cyclobenzaprine 7.5mg with a quantity of 90 with the treating physician noting that the injured worker's spasms has caused a decrease in his range of motion and function but use of this medication has shown improvement with a decrease in pain, improvement in range of motion, and a greater tolerance to his activity level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 2/23/15: Cyclobenzaprine 7.5mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants Page(s): 63-64; 71-73; 76-96.

**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, although there was reported benefit with the use of cyclobenzaprine, this drug class is not intended to be used chronically for the diagnoses listed. As the request for 90 pills suggests the intention to continue to treat chronically with this medication, it will be considered medically unnecessary.