

<b>Case Number:</b>	CM15-0093097		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/09/2002
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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 60-year-old male, with a reported date of injury of 05/09/2002. The diagnoses include chronic pain syndrome, and failed right inguinal hernia repair with associated difficulties. Treatments to date have included Norco, Lyrica, Cymbalta, Arthrotek, and Tizanidine. The progress report dated 04/17/2015 indicates that the injured worker's pain level was rated 9 out of 10 without medications, and 7-8 out of 10 with medication. He stated that his pain was intense and he was unable to stay focused due to the pain. The injured worker also stated that the medications helped him to participate in activities such as walking and being on the computer. He complained that without medications he was not able to cook, to do house chores, or bend due to the pain. There was no documentation of the location of the injured worker's pain. The progress report dated 01/16/2015 indicates that there were objective findings of extremely tender right groin, pain with radiation into the right testicle and back across the hip to the low back. It was noted that due to the constant, severe pain, the injured worker was 100% disabled, and the severe groin pain was completely disabling him from activities of daily living. The treating physician requested cyclobenzaprine HCL (hydrochloride) 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine HCL 10 mg #30 is not medically necessary and appropriate.