

<b>Case Number:</b>	CM15-0094321		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/28/2002
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/13/2015
<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 44-year-old male who sustained an industrial injury on 09/28/2002. The injured worker was diagnosed with cervical disc protrusion with radiculopathy, thoracic sprain/strain, left shoulder rotator cuff sprain/strain, left lateral and medial epicondylitis, left carpal tunnel syndrome, insomnia, anxiety and depression. Treatment documented includes diagnostic testing with recent sleep studies in April 2015 and medications. The injured worker underwent cervical spine surgery in April 2011 and September 2011 (procedures performed were not noted). According to the primary treating physician's progress report on April 10, 2015, the injured worker continues to experience cervical and thoracic spine pain, bilateral shoulder pain and left elbow and wrist pain with loss of sleep, anxiety and depression. His neck pain is associated with headaches and radiating pain, numbness and tingling primarily to the left upper extremity. The injured worker rates his neck pain at 8/10 without medications and 5/10 with medications. The injured worker rates his mid back pain at 7-8/10 without medications and 3-4/10 with medications. The left shoulder is rated at 8-9/10 and reduced to 6-7 with medications. The left elbow and left wrist are rated 7/10 and down to 4/10 with medications. Examination demonstrated tenderness to palpation and spasm of the cervical and thoracic paravertebral and left upper trapezius muscles. Bilateral shoulders demonstrated tenderness to palpation of the anterior region. The left anterior elbow and dorsal wrist were also tender to palpation. No atrophy or swelling was noted. Current medications are listed as Tramadol, Cyclobenzaprine, Alprazolam, Prilosec and topical analgesic creams. Treatment plan consists of waiting for authorization for physical therapy, acupuncture therapy, left shoulder ultrasound, cervical spine

magnetic resonance imaging (MRI), results of sleep study and the current request for Cyclobenzaprine and Alprazolam.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Alprazolam 0.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 63, 68, 69, 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is reason as to why the anxiety or depression of the patient in this case could not be managed with antidepressant. Therefore the use of Alprazolam 0.5mg QTY: 60 is not medically necessary.

#### **Cyclobenzaprine 7.5mg #60: 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.

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.