Treatment-Resistant Fibromyalgia Improved With Sublingual Cyclobenzaprine: A Case Report

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INTRODUCTION

Fibromyalgia is a chronic pain syndrome characterized by widespread pain, non-restorative sleep, fatigue, and cognitive dysfunction. Diagnosis requires generalized pain for at least three months with specific Widespread Pain Index and Symptom Severity Score thresholds [1]. Pain is often refractory to physical therapy, procedural interventions, and conventional medications. Existing pharmacotherapies including pregabalin, duloxetine, and milnacipran provide meaningful pain relief in only about 1 in 10 patients, making fibromyalgia difficult to treat [2].

MATERIALS AND METHODS

Patient informed consent was obtained, and all identifying information was removed. A patient with refractory fibromyalgia was started on sublingual cyclobenzaprine (Tonmya), a once-nightly sublingual formulation of cyclobenzaprine hydrochloride, and evaluated at 4 and 5 weeks after initiation.

CASE REPORT

Presentation: 39-year-old female with chronic, diffuse neck and lower back pain described as throbbing, sharp, and achy

Exam: Tenderness of bilateral cervical and lumbar paraspinals; flexion and extension limited by pain

Imaging: Cervical and lumbar MRI without significant stenosis or arthritis

Course: Multiple emergency department visits for fibromyalgia flares despite treatment

TREATMENT HISTORY

Prior treatment	Outcome
Trigger point injections, chemodenervation, epidural steroid injections	Minimal relief
Methocarbamol, pregabalin, gabapentin, meloxicam, tramadol, tizanidine, baclofen	Inadequate benefit
Oral cyclobenzaprine 10 mg TID × 6 months	**No meaningful improvement**

Intervention: Sublingual cyclobenzaprine 5.6 mg nightly

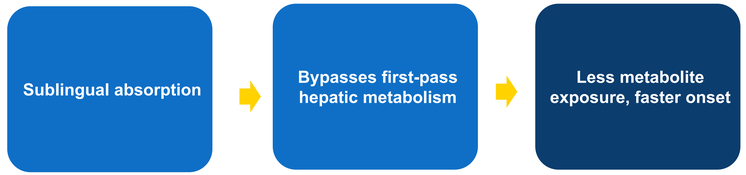
RESULTS

Timepoint	Pain (0–10)	Outcome
Baseline (in person)	**10/10**	Initiated sublingual cyclobenzaprine
Week 4 (phone)	**4/10**	60% reduction in pain
Week 5 (phone)	—	Walking more steps than in the past year

Patient reported the medication helped more than any prior treatment, with immediate effect

DISCUSSION

Cyclobenzaprine primarily modulates central pain processing via 5-HT2A antagonism, with a resultant decline in tonic somatic motor activity. The sublingual formulation bypasses first-pass hepatic metabolism, reducing systemic adverse effects of the active metabolite norcyclobenzaprine while providing quicker onset of therapeutic effect [3].



Here, a patient who failed oral cyclobenzaprine and numerous other therapies reported rapid, marked improvement in pain and function on the sublingual formulation.

CONCLUSION

Sublingual cyclobenzaprine may be considered for refractory fibromyalgia to manage pain and sleep disruption while reducing the adverse effects of oral cyclobenzaprine.

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