

<b>Case Number:</b>	CM14-0042703		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/10/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 44 year old female presenting with chronic pain following a work related injury on 01/10/2010. The claimant is status post right shoulder surgery on 8/28/2010. The claimant is also status post left stellate ganglion block on 12/12/2012 and 09/04/2013 which did not provide significant relief. The claimant was taking Neurontin 300mg three times per day, Prilosec, Cymbalta 60 mg per day, Butrans patches, Norco and flexeril. On 3/11/2014, the claimant complained of pain in the left shoulder, left arm, and left hand. The physical exam showed tenderness over the left upper extremity, over the subacromial region of the right shoulder and anteriorly over the acromioclavicular joint, hyperalgesia to touch in the left upper extremity and especially in the left second digit. The claimant was diagnosed with complex regional pain syndrome to the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg, one tablet by mouth 3 X daily #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** Cyclobenzaprine 5 mg, one tablet by mouth three times daily #90 is not medically necessary. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per California Medical Treatment Utilization Schedule (MTUS) Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.