

<b>Case Number:</b>	CM14-0048796		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/03/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This injured worker's date of injury is 07/03/2009. The treating physician is treating the patient for complex regional pain syndrome (CRPS). As documented in the note dated 02/11/2014, the pain travels from the right third digit to the right shoulder, neck, and upper back. The patient is working as a food runner. The medications include: Topiramate, Gabapentin, Tramadol, Protonix, and ketamine cream. On exam there is pain on palpation of the distal right middle finger. The right forearm and upper arm exhibit spasm. The patient has completed a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 56, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 - 65.

**Decision rationale:** Cyclobenzaprine is a muscle relaxer, specifically, an antispasmodic, and is indicated for a short course of therapy (2-3 weeks) for the treatment of low back pain.

Cyclobenzaprine is not for chronic, long-term use. Cyclobenzaprine is not medically necessary for this patient with CRPS.