

<b>Case Number:</b>	CM14-0186932		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/12/2002
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational 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:

Injured worker is a female with date of injury 6/12/2002. Per primary treating physician's progress report dated 10/15/2014, the injured worker complains of intermittent calf pain in left lower extremity rated at 6/10. Pain is increased with prolonged walking. He has been taking medications as needed. He denies new symptoms changes since last visit except pain in his left calf. Examination is significant for normal gait, surgical scar on left lower extremity, skin discoloration in medial left ankle, negative Homan sign, and diffuse tenderness in calf with walking. Diagnoses include 1) open wound of knee, complicated 2) late effects open wound of extremities 3) chronic venous insufficiency 4) chronic pain 5) gastritis.

### 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 Page(s): 41; 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report

that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. This request is for a refill of cyclobenzaprine 7.5 mg three times daily as needed. The employee is working full time at a construction area. The injured worker has been injured for over 12 years, and there is no report of muscle spasticity. Medications are reported to be taken as needed, but there is no report of how much medication is actually being taken. Chronic use of cyclobenzaprine is not recommended by the MTUS Guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5mg #90 is determined to not be medically necessary.