

<b>Case Number:</b>	CM15-0005423		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 24-year-old male who reported injury on 02/08/2013. The mechanism of injury was the injured worker was changing positions moving from 1 pilot seat to another when he put down his right arm and felt a huge pull all the way to his elbow. The prior therapies include cognitive behavioral therapy, Lyrica 100 mg, and topiramate 50 mg. The injured worker underwent a stellate ganglion block and was noted to have right upper extremity CRPS. There was a Request for Authorization submitted for review dated 12/11/2014. The documentation of 12/11/2014 revealed the injured worker had constant right hand pain; burning and tingling. The injured worker had allodynia. The injured worker had decreased range of motion. There was a request for a refill of medications, including tramadol ER 150 mg by mouth every day and Lyrica twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to indicate the injured worker had muscle spasms. The documentation indicated the injured worker had CRPS. The rationale for the use of the medication was not provided. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for cyclobenzaprine 7.5mg is not medically necessary.