

<b>Case Number:</b>	CM15-0146325		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/06/2007
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 50 year old female who sustained an industrial injury on 7-6-2015. She injured foot while supervising a soccer game. She has reported injury to the left foot and has been diagnosed with chronic pain syndrome left foot and metatarsalgia, left foot, status post first MTP joint sesamoidectomy and synovectomy, persistent left foot and ankle pain, probable complex regional pain syndrome, and recurrent muscle spasms. Treatment has included medications, occupational therapy, home exercise program, and injection. The first MTP joint motion was restricted. There was tenderness to palpation of the first MTP joint. There was tenderness over the medial aspect of the foot. The treatment plan included medications. The treatment request included cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS states that muscle relaxants are recommended with caution as a second-line agent for relief of acute exacerbations of low back pain. They are intended for short-term usage, generally no more than 2-3 weeks. Muscle relaxants are no more effective than NSAIDs. In this case, the patient has been taking Cyclobenzaprine for 6 months, well beyond the recommended guidelines. There is no documentation of muscle spasms. There is no documentation of functional improvement. Therefore, based on the guidelines, the request for Cyclobenzaprine is not medically necessary or appropriate.