

<b>Case Number:</b>	CM14-0040746		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 male with date of injury 6/10/2009. Per primary treating physician's progress report dated 3/11/2014, the injured worker complains of chest pain and head pain. He reports headaches and recurrent sinus problems since his industrial injury which resulted in trauma to his forehead and chest. He has been having on and off head pain rated at 8/10 that is bifrontal and suboccipital. His chest pain has resolved since his last visit. He can pinpoint the chest pain and it is reproducible. Norco does help reduce the pain. Topamax has decreased his headaches in quantity and intensity. On examination there is left nare congestion. There is no chest wall tenderness to palpation. There is tenderness to palpation over the left 3rd rib posteriorly and subscapular area. Diagnoses include 1) chronic post traumatic headach 2) tension headache 3) sinusitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30 to allow an additional month supply for weaning and discontinuation purposes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) 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. 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. Utilization review dated 3/27/2014 recommended modifying the request for Cyclobenzaprine 7.5 mg #30, two units, to one unit to allow for weaning over two months. The original request was for continuing treatment at the same dose and frequency that had been used for at least several months prior. The request for Cyclobenzaprine 7.5mg #30 to allow an additional month supply for weaning and discontinuation purposes is determined to not be medically necessary.