

Case Number:	CM13-0040508		
Date Assigned:	12/20/2013	Date of Injury:	06/15/2010
Decision Date:	03/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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 is a 54-year-old female who sustained an injury on 06/15/2010 when she tripped and fell and injured her left elbow. She had a bilateral shoulder ultrasound, dated 08/02/2013 that showed "right large partial thickness rotator cuff tear (supraspinatus). Right SA-SD bursitis. Right long head biceps tenosynovitis (bicipital groove). Right normal glenoid labrum. Normal left shoulder." A report dated 08/13/2013, by [REDACTED] indicates that she also injured her neck, mid and lower back, and shoulders in 2005, when she missed a step and fell while leaving work. Her past medical/surgical history includes left elbow surgery in 2010 and a motor vehicle accident (MVA) in 2012 injuring her lumbar spine. Her current medications were Nortriptyline 24 mg, Promolaxin 100 mg, Hydrocodone 2.5/325 mg, and Cyclobenzaprine 7.5 mg. On cervical spine exam, there was midline with normal lordosis, no tenderness, negative axial head compression and Spurling sign. No facet joint tenderness. Cervical range of motion was grossly normal. An upper extremity exam was negative, with normal shoulder, elbow and wrist range of motion (ROM). All negative shoulder, elbow, and wrist provocative maneuvers. The sensory exam was grossly intact in all dermatomes. The strength was 5/5 and deep tendon reflexes (DTRs) were 2+ and symmetric in the bilateral upper extremities. On the lumbar spine exam, there was diffuse tenderness noted over the lumbar paravertebral musculature and moderate facet joint tenderness. Piriformis tests were negative. There was sacroiliac tenderness, Faber/Patrick, Sacroiliac thrust, Yeoman, Farfan and Kemp tests positive bilaterally. Lumbar range of motion decreased in all planes. The lower extremity exam was grossly normal, with normal ankle, knee, and hip ROM. Normal DTRs, sensory and motor testing in the bilateral lower extremities. Assessment showed lumbar sprain/strain, lumbar disc disease, and bilateral sacroiliac joint arthropathy. The treatment plan included sacroiliac joint injection or block, continue present medications, urine drug testing, and lumbar traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine 7.5mg) #60: 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 Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Fexmid). Page(s): 64.

Decision rationale: The Chronic Pain Guidelines indicate that cyclobenzaprine is recommended for a short course of therapy. The guidelines also indicate that it is not recommended for chronic use and should not be taken more than two to three (2-3) weeks. The medical records provided for review do not indicate how long she has been taking this medication, and hence the request for cyclobenzaprine 7.5 mg #60 is not certified.