

Case Number:	CM13-0045339		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2013
Decision Date:	03/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

The patient is a 58 year old female who reported an injury on 05/10/2013. The mechanism of injury was lifting. The note dated 10/01/2013 indicated the patient had been having ongoing pain that radiated down the left arm, as well as tingling going all the way down the fingers of her hand. The patient rated the pain at 10/10 and described it as sharp, shooting, and prickly. It was noted that movement aggravates the pain and changing positions and therapy lessens the pain. It was noted the pain radiates to the parascapular region. Upon examination, the patient was able to do toe and heel walk and squat. It was noted the shoulders were uneven, the right higher than the left. The supraclavicular tendon was non-tender to palpation, but there was mild Spurling's to the left. Upon range of motion, it was noted that abduction and external rotation brings on the symptoms gradually. There was tenderness to palpation at the parascapular region. It was noted that the physician suspected thoracic outlet syndrome. The elevation of the shoulder reduces the symptoms, but depression brings the symptoms back. Medications that were listed were metoprolol and Diovan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 8-1-13) usage of Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41 and 64.

Decision rationale: The MTUS Chronic Pain Guidelines state Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. The records provided for review indicate the patient's medications were metoprolol and Diovan. The patient rated her left shoulder pain at 10/10. The records provided for review failed to list Cyclobenzaprine as a medication the patient was taking. In addition, the records provided for review failed to document effectiveness, duration, and absence of adverse side effects of Cyclobenzaprine. As such, the request for retrospective Cyclobenzaprine is not medically necessary and appropriate.

Prospective usage of Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41 and 64.

Decision rationale: The MTUS Chronic Pain Guidelines state Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. The records provided for review indicate the patient's medications were metoprolol and Diovan. The patient rated her left shoulder pain at 10/10. The records provided for review failed to list Cyclobenzaprine as a medication the patient was taking. In addition, the records provided for review failed to document effectiveness, duration, and absence of adverse side effects of Cyclobenzaprine. As such, the request for prospective Cyclobenzaprine usage is not medically necessary and appropriate.