

Case Number:	CM13-0057957		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2005
Decision Date:	03/19/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/26/2013

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 New York. 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 claimant is a 51 year old male who sustained a work injury on 07/05/ 2005. The mechanism of injury was not provided. His diagnoses include bilateral knee pain -s/p left mensiectomy, low back pain, bilateral shoulder pain- s/p left shoulder arthroscopy, subacromial decompression, acromioclavicular joint resection, right shoulder impingement, right cubital and right carpal tunnel syndrome, and bilateral medical epicondylitis s/p left medial epicondylectomy. He complains of bilateral shoulder, bilateral knee, bilateral elbow, and low back pain. On exam he ambulates with an antalgic gait, has muscle spasm in the paravertebral musculature with positive straight leg rising on the right and numbness to the lateral aspect of the left thigh. Both knees are tender to palpation with a positive McMurray's test on the right. Neer and Hawkins tests were positive on the right and the left shoulder has mild swelling and atrophy of the rotator cuff. The right elbow has tenderness over both the medial and lateral epicondyles. The right wrist has a positive Tinel's test. He has been maintained on medical therapy with Diclofenac XR 100mg, Cyclobenzaprine 7.5mg, Tramadol ER 150mg and Omeprazole 20mg. The treating provider has requested Cyclobenzaprine 7.5mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg times 30: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The documentation reviewed indicates that the claimant has palpable paravertebral muscle spasm on exam. He has been maintained on long-term medical therapy with Cyclobenzaprine 7.5 mg per day. Per the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. There is no specific documentation of functional improvement from any previous use of this medication. Per California MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.