

Case Number:	CM13-0060456		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2010
Decision Date:	05/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

The patient is a 40-year-old female who sustained a work place injury on 4/13/10 (exact mechanism of injury not documented). She underwent an arthroscopic subacromial decompression, a Mumford Procedure, a rotator cuff repair and release of long head of the biceps tendon of the right shoulder in October 2010. The most recent treating physician progress report dated 11/20/13, states she has complaints of lower backache, bilateral shoulder and wrist pain. This had increased since her last visit. Sleep quality was poor. The patient's nearly monthly progress reports dated from 11/27/13 to 11/20/13 revealed the patient had been taking Flexeril 10mg at bedtime. Physical examination of the lumbar spine and shoulders documented the following: no scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine, range of motion restricted in flexion and extension, paravertebral muscles tenderness on palpation and tight muscle band was noted on both sides. Lumbar facet loading was positive on both sides. Shoulders were documented as limited in range of motion by pain; Neer's and Hawkins tests were positive. All other shoulder provocative tests were reported as negative. Lastly, her wrists were limited in range of motion in palmar flexion (the right worse than left).

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG TABLETS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 64. Decision based on Non-MTUS Citation Drugs Website

Decision rationale: Per California MTUS, Cyclobenzaprine is "Recommended for a short course of therapy as a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). It is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." From <http://www.drugs.com>, FDA approval for Flexeril is indicated as an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions. Considering the evidence of short term usage for acute back pain and fibromyalgia, the request for Flexeril is not medically necessary.