

Case Number:	CM13-0068160		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2009
Decision Date:	04/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 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:

The patient is a 49-year-old female who was injured on January 30, 1999 and has complaints of right shoulder and wrist pain. The mechanism of injury is unknown. Prior treatment history has included Naproxen, Prilosec, Ultram, Flexeril, Terocin and sertraline as well as physical therapy. A right shoulder, right elbow and right wrist x-ray, dated January 30, 2009, was negative. An MRI of the right shoulder dated February 09, 2010 showed a full thickness tear of distal anterior fibers of the supraspinatus with the remainder of the intact portion of supraspinatus demonstrating moderate to severe tendinosis and mild bursal surface fraying. A nerve conduction study of the right ulnar nerve motor component and right radial nerve sensory component, dated February 19, 2010, was normal. A bilateral electromyogram (EMG) study, dated February 19, 2010, was normal. A clinic note dated October 25, 2013 documented that the patient still had complaints of continued shoulder pain. A progress note from November 22, 2013, documented that the patient still had complaints of continuing pain in her wrist, forearm and shoulder. The pain is worse with repetitive activities, and is better with medications, sitting, lying down, and physical therapy. She is doing stretching exercises or using ice for symptom relief, and states that the pain is managed with Tramadol, Flexeril and Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

cyclobenzaprine 7.5mg, #60, dispensed on November 22, 2013,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 4, 64.

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine is recommended as an option to decrease muscle spasm in conditions such as low back pain as a short course of therapy. The patient presented for a follow-up examination on November 22, 2013, at which time she reported continued wrist, forearm and shoulder pain, rated 4/10 without medications and 2/10 with medication use. She did not appear to complain of muscle spasms. In addition, although tenderness was noted on examination, there was no documentation of muscle spasm on examination. According to the guidelines, cyclobenzaprine may be recommended for short-term use, in the treatment of muscle spasm. Chronic utilization is not supported. Furthermore, as no evidence of muscle spasm is documented in the medical record, the necessity of continued use of cyclobenzaprine 7.5mg, #60, is not established.