

Case Number:	CM14-0015071		
Date Assigned:	02/28/2014	Date of Injury:	09/03/2002
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family 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 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 58 year-old woman who was injured at work on 9/3/2002. The injury was primarily to her shoulders and back. She is requesting review of a denial for the ongoing use of Cyclobenzaprine. A review of the medical records is notable for ongoing complaints of pain in the lumbar spine that radiates to the cervical spine and down the right arm. She describes a "burning sensation in the right shoulder, left wrist, and right leg as well as stabbing sensations in the left wrist, right leg, and both feet." She has undergone arthroscopy for treatment of impingement syndrome of the right shoulder. Medication treatments have included the following: Vicodin, Flexeril, Ambien, and Lidoderm. Diagnoses have included the following: Status Post Right Shoulder Surgery; Impingement Syndrome Right Shoulder; Musculoligamentous Sprain, Lumbar Spine; and 2 mm Disc Bulge/Protrusion, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE (FLEXERIL),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 41-42

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines include the criteria for the use of Cyclobenzaprine (Flexeril). These guidelines state that "Cyclobenzaprine is recommended as an option; using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief." In this case, it is well-documented that Cyclobenzaprine is being used as a chronic medication and its use exceeds the recommendations for short-term therapy. Its use is therefore not considered as medically necessary.