

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0129365 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 01/17/2014 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 had a date of injury on 1/17/2014. The MRI of the right shoulder on 4/19/2014 showed osteoarthropathy of the acromioclavicular joint. The MRI of the left shoulder showed supraspinus tendinosis and osteoarthropathy of the acromioclavicular joint. Diagnosis is unclear based on handwritten progress notes and mechanism of injury is not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. According to the patient's

medical records, there is no indication as to why Flexeril is needed and duration is greater than recommendations. Therefore, this request is not medically necessary.