MAXIMUS Federal Services

Case Number:	CM14-0177367		
Date Assigned:	10/30/2014	Date of Injury:	09/28/2011
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal 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:

This injured worker is a 51 year-old female with a reported date of injury 09/28/2011. The mechanism of injury was repetitive use of her right shoulder. Her diagnoses included status post right arthroscopic subacromial decompression in October 2012 and L5-S1 disc protrusion with radiculopathy. The past treatments included surgery, physical therapy, medications and bracing. On 09/16/2014 she presented with right shoulder pain cervical pain in right upper extremities, and low back pain, all rated 5/10. She stated the medication regimen had allowed her increased tolerance to activities and improved range of motion. Upon physical examination she was noted to have tenderness to the right shoulder with limited range of motion, atrophy of the deltoid musculature, tenderness of the cervical and lumbar spines with limited range of motion and spasm of the cervical trapezius and lumboparaspinal musculature decreases. Her current medications were listed as Naproxen, Tramadol, pantoprazole and cyclobenzaprine. The treatment plan was to continue medications, physical therapy for the lumbar spine, TENS unit and the lumbosacral orthosis brace. The request is for Cyclobenzaprine 7.5mg #90 and the rationale was the medication decreases the spasm an average of 5 hours which resulted in improved range of motion, improved tolerance to exercise and a decrease in her overall pain level 2-3 points. The Request for Authorization form dated 10/10/2014 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

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

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

Decision rationale: The injured worker presented with shoulder pain, neck pain and low back pain. The California MTUS guidelines recommend cyclobenzaprine be used as a short course of therapy to manage exacerbations of acute low back pain. The guidelines suggest that in the management of low back pain, Cyclobenzaprine has the greatest efficacy in the first 4 days of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The clinical notes submitted indicated the injured worker has been treated with this medication greater than 6 months; therefore, the continued use of Cyclobenzaprine would exceed the guideline recommendations. The request did not specify frequency of the medication. As such, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.