

Case Number:	CM14-0179004		
Date Assigned:	11/03/2014	Date of Injury:	03/17/2014
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 56 year old male with an injury date on 03/17/2014. Based on the 10/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post right shoulder arthroscopic subacromial decompression, 6/7/2014. 2. Rule out bilateral carpal tunnel syndrome. 3. Rule out right greater than left knee internal derangement. According to this report, the patient complains of right shoulder pain at 6/10, right wrist/hand pain at 5/10, left wrist/hand pain at 3/10, and bilateral knee pain at 6/10. Physical exam indicates "tenderness over the right shoulder. No sign of infection. Range of motion remains limited however improved. Bilateral knee exam essentially unchanged. "There were no other significant findings noted on this report. The utilization review denied the request on 10/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/03/2014 to 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG TID #90 for 1 Month Only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants Page(s): 63.

Decision rationale: According to the 10/03/2014 report by [REDACTED] this patient presents with right shoulder pain at 6/10, right wrist/hand pain at 5/10, left wrist/hand pain at 3/10, and bilateral knee pain at 6/10. The provider is requesting Cyclobenzaprine 7.5mg TID #90 for 1 month only. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the provider is requesting Cyclobenzaprine #90, longer than the recommended 2-3 weeks. Cyclobenzaprine is not recommended for long term use. The provider does not mention that this is for a short-term use. Therefore, this request is not medically necessary.