

Case Number:	CM14-0069762		
Date Assigned:	07/14/2014	Date of Injury:	05/08/2003
Decision Date:	08/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review, indicate that this 56-year-old male was reportedly injured on 5/8/2003. The mechanism of injury was noted as pulling a fifty to sixty pound box of motors and injuring the left shoulder. The most recent progress note, dated 2/19/2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder moderately restricted on the left side and tenderness laterally. Deltoid muscle was with moderate atrophy. Infraspinatus muscle was with moderate atrophy. There was also limited range of motion. Diagnostic imaging studies included x-rays of the left shoulder, which revealed scapular winging. Previous treatment included previous surgeries, physical therapy, and medications. A request was made for Cyclobenzaprine ER 15 mg #30 and was not certified in the pre-authorization process on 4/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine ER 15mg QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured workers date of injury of 2003 and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request for Cyclobenzaprine ER is not medically necessary.