

Case Number:	CM14-0192646		
Date Assigned:	11/26/2014	Date of Injury:	11/30/2010
Decision Date:	01/27/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 30, 2010. In a Utilization Review Report dated October 24, 2014, the claims administrator approved a request for tramadol and lidocaine while denying cyclobenzaprine. The claims administrator referenced an October 17, 2014 progress note in its UR report. The applicant's attorney subsequently appealed. In a May 5, 2014 progress note, the applicant was described as using tramadol, Norco, a topical compounded agent, lidocaine, and Elavil. The applicant did report derivative complaints of psychological stress and associated loss of energy. It was stated that the applicant had returned to work as a data entry clerk. On July 11, 2014, the applicant underwent shoulder arthroscopic acromioplasty and rotator cuff debridement surgery with manipulation under anesthesia. On June 26, 2014, the applicant was again described as using tramadol, Norco, lidocaine, and Elavil. Acupuncture had not proven beneficial, it was acknowledged. Tramadol, topical lidocaine patches, and cyclobenzaprine were sought via an RFA form dated October 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Cyclobenzaprine 10mg #30: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. Here, the applicant is in fact using a variety of other agents, including Norco, tramadol, Elavil, lidocaine ointment, etc. The addition of cyclobenzaprine or Flexeril to the mix is not recommended. Furthermore, the 30-tablet supply of cyclobenzaprine at issue seemingly represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.