

Case Number:	CM14-0196274		
Date Assigned:	12/04/2014	Date of Injury:	03/17/2014
Decision Date:	02/25/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 56-year-old man with a date of injury of March 17, 2014. The mechanism of injury was documented as cumulative trauma. Documentation in the medical record indicated that the claim is accepted for the shoulder only. The current working diagnoses are status post right shoulder arthroscopic subacromial decompression on June 17, 2014; rule out bilateral carpal tunnel syndrome; and rule out left knee internal derangement. Pursuant to the Primary Treating Physician's Comprehensive Orthopedic Evaluation and Request for Authorization dated August 12, 2014, the provider documents that he will be taking over as the injured worker's primary care physician. It appears that the IW was prescribed Flexeril 7.5mg for the first time on that date of service (08/12/14). The indication for the Flexeril was not documented. According to the progress reports dated September 12, 2014, the IW was provided with a refill of Flexeril 7.5mg. The provider indicated that the IW had intractable spasms and was refractory to trial of moist heat, cold, TENS, activity modification, exercises, stretching, and rest with no improvement. Objectively, the provider notes that the IW has spasm of the right deltoid musculature/cervical trapezius decrease. The IW notes that TENS was efficacious previously at physical therapy (PT). According to subsequent progress noted dated October 3, 2014, Flexeril (cyclobenzaprine) 7.5 was refilled again. Pursuant to the progress note dated October 24, 2014, the IW complains of right shoulder pain rated 5/10, right wrist/hand pain rated 5/10, left wrist/hand pain rated 3/10, and right knee pain rated 6/10. The IW has had 23 postoperative physical therapy sessions to date to his right shoulder. He has 1 session remaining. Objective physical findings reveal tenderness to the right shoulder. Range of motion remains limited,

however improved. Conditioning has improved. Treatment plan includes, complete PT, and continue TENS. The IW will transition to a home exercise program. Medications were refilled including Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg 1 by mouth 3 times a day as needed #90 Spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65 and 66.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg one tablet three times a day as needed spasm #90. Muscle relaxants are recommended second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. See ODG for details. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopic subacromial decompression; rule out bilateral carpal tunnel syndrome; and left internal derangement. Cyclobenzaprine was prescribed in an August 19, 2014 progress note. The medication was prescribed for intractable spasm of the right deltoid. A renewal for cyclobenzaprine was given on September 14 2014, October 3, 2014 and October 24, 2014. Cyclobenzaprine is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker did not have acute low back pain chronic low back pain. Additionally, the treating physician exceeded the recommended guidelines of treatment for less than two weeks. Consequently, absent the appropriate clinical documentation and indication, in addition to exceeding the recommended guidelines, Cyclobenzaprine 7.5 mg one tablet three times a day as needed spasm, #90 is not medically necessary.