

Case Number:	CM14-0199287		
Date Assigned:	12/19/2014	Date of Injury:	07/29/2013
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 is a year old female with a work injury dated 06/29/2013. The mechanism of injury is not documented. The injured worker (IW) was being treated for right shoulder pain and back pain. Physical exam (09/30/2014) revealed right shoulder flexion 140 degree and abduction 130 degree with tenderness over the acromioclavicular joint. Drop arm test and apprehension test were negative with 4/5 strength in right shoulder in all planes. Exam was positive for subacromial bursitis and impingement with positive O'Brien test and negative speed test. Thoracic and lumbar exam demonstrated tenderness and spasm of the paraspinal musculature with decreased range of motion. Bilateral straight leg raise was negative. Exam revealed diminished sensation left lumbar 5 and sacral 1 dermatomal distribution. Left EHL 4 + 5, left eversion 4+ 5. Regarding Cyclobenzaprine 7.5 mg doses the provider documents the IW has decreased spasm an average of 5 hours with resultant improved range of motion, tolerance to exercise and decrease in overall pain level 2-3 points (scale of 1-10.) The provider also notes that spasm had remained refractory to activity modification, physical therapy, stretching, heat, cold, and home exercise before cyclobenzaprine at three times per day dosing. Previous treatments included TENS unit which improved range of motion and a decrease in spasm of the shoulder and spine. The following tests are documented; however actual reports are not available for review.- 02/12/2014 - EMG/NCV - "normal study"- 09/12/2013 - MRI of right shoulder - Mild indentation upon the supraspinatus tendon by the acromion with no evidence of a rotator cuff tear; irregular signal intensity in the anterior superior glenoid labrum with associated paralabral cyst suggestive of labral tear. Mild degenerative change involving the AC and glenohumeral joints, mild atrophy involving the deltoid muscle belly.- 09/12/2013 -MRI of lumbar spine revealed disc protrusion at lumbar 5 - sacral 1 resulting in mild to moderate canal and moderate bilateral foraminal stenosis, ventral and left-sided disc protrusion at lumbar 4 - 5

resulting in mild to moderate canal, moderate left and mild to moderate right-sided foraminal stenosis.- 09/12/2014 - MRI of the thoracic spine revealed no evidence of an acute compression fracture with small disc protrusion at thoracic 8 - 9 resulting in mild canal stenosis with no cord compression. Diagnosis included:- Right shoulder bursitis and impingement- Thoracic sprain/strain- Protrusion thoracic 8 - 9- Right shoulder labral tear- Right shoulder acromioclavicular osteoarthropathy- Protrusion lumbar 4 - 5 and lumbar 5 - sacral 1 Surgery had been requested for right shoulder but provider had not received a response at the time of this evaluation. Urine drug screen was done 05/29/2014. The provider documents discussion with the IW at the time of this visit regarding narcotic analgesic monitoring and documents the IW is compliant and understands the potential risks. The provider requested Cyclobenzaprine 7.5 mg # 90 one by mouth three times daily as needed. On 10/28/2014 utilization review issued a decision determining the Cyclobenzaprine 7.5 mg # 90 one by mouth three times daily as needed was non-certified. Reasons stated were as follows: "The patient has been prescribed cyclobenzaprine for long-term use. According to CA MTUS guidelines muscle relaxants are recommended with caution as a second line treatment option for acute exacerbations in chronic lower back pain. There is no evidence of an exacerbation in the patient's condition. As such there is no medical support for the use of a muscle relaxant". Guidelines cited were CA MTUS - Muscle relaxants The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90, one by mouth three times a day as needed: 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): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #91 PO TID, as needed is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder bursitis and impingement; thoracic sprain/strain; protrusion T8 - T9; right shoulder labral tear; right shoulder acromioclavicular osteoarthropathy; and protrusion L4 - L5 and L5 - S1 with bilateral foraminal stenosis. The documentation shows the injured worker was taking Cyclobenzaprine in a progress note dated August 26, 2014. The documentation does not reflect an acute low back pain or an exacerbation of chronic low back pain. Additionally, the guidelines recommend less than two weeks for short-term treatment when using Cyclobenzaprine. The treating physician exceeds the recommended guidelines. Consequently, at the appropriate clinical indication and recommend guidelines (short-term less than two weeks use), Cyclobenzaprine 7.5 mg #91 PO TID, as needed is not medically necessary.

