

Case Number:	CM14-0201509		
Date Assigned:	12/11/2014	Date of Injury:	05/14/2012
Decision Date:	01/31/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 the injury date of 11/10/14. Per physician's report 12/12/14, the patient has shoulder pain bilaterally from repetitive sprain/ strain injury. The patient has left shoulder rotator cuff tendonitis and started utilizing Vicodin in May 2012. X-ray of his left shoulder showed left acromial joint arthritis. MRI of the left shoulder on 08/30/12 showed degenerative changes of the acromioclavicular joint impinging the rotator cuff, evicence of rotator cuff tear. The patient has arthroscopic left shoulder open excision of outer clavicular Mumford procedure. The patient is currently not working. The patient is currently taking Cyclobenzaprine, Hydrocodone, Ibuprofen, Omeprazole and Gabapentin. The lists of diagnoses are:1) Left shoulder s/p two surgeries2) Right shoulder damage through the second worker's compensation claimPer 12-02-14 progress report, the patient has the same pain in his shoulders bilaterally. The patient is taking Cyclobenzaprine, Hydrocodone, Ibuprofen, Omeprazole and Gabapentin. The utilization review (UR) determination being challenged is dated on 11/10/14. Two treatment reports were provided after UR decision from 12/02/14 to 12/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of data for pharmacy purchase of Cyclobenzaprine 7.5mg #60- date of service 9/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-66.

Decision rationale: The patient presents with pain in his shoulders bilaterally. The request is for retrospective review of data for pharmacy purchase of Cyclobenzaprine 7.5mg #60 -dos 09/25/14. Per utilization review letter 11/10/14, the patient has been utilizing Cyclobenzaprine since at least 08/26/14. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the treater does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. Review of the reports show that the patient has used Flexeril since at least 08/26/14. This request is not medically necessary.