

Case Number:	CM14-0207269		
Date Assigned:	01/30/2015	Date of Injury:	06/01/2012
Decision Date:	03/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 45 year old female sustained a work related injury on 6/1/2012. The mechanism of injury was not described. The current diagnoses are right shoulder pain, status post right SLAP tear repair and subacromial decompression (7/22/2013), cervical radiculitis, and degeneration of the cervical intervertebral disc, disorder of the bursa of shoulder region, psychophysiological disorder, and disorder of the rotator cuff. According to the progress report dated 10/31/2014, the injured workers chief complaints were right shoulder pain, 4-7/10 on a subjective pain scale. The pain radiates to the right upper shoulder and neck. Associated symptoms include joint stiffness and tenderness of the right shoulder joint. Additionally, she reports numbness in the right upper extremity, loss of motor control of the upper extremities, fatigue, sleep disturbance, cold intolerance, depression, and anxiety. Activities of daily living were described as needing maximal assistance from others. The physical examination revealed left mid scapular area tenderness with mild edema. Upward trapezoid area was mildly tender to touch, no trigger points were identified. Current medications are Cyclobenzaprine, Flector, Hydrocodone, Lidoderm 5% patch, Lyrica, Norco, Tramadol, Vimovo, and Voltaren 1% topical gel. The injured worker was previously treated with medications, epidural steroid injection, and physical therapy. On this date, the treating physician prescribed Cyclobenzaprine 5mg twice a day #60, which is now under review. The treating physician did not describe any specific reasons for prescribing the Cyclobenzaprine. On 1/5/2015, work status was permanent and stationary. On 11/11/2014, Utilization Review had non-certified a prescription for Cyclobenzaprine 5mg twice a day #60.

The Cyclobenzaprine was modified to allow one tablet once a day. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg tablet, take 1 tablet twice a day PO, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): (s) 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The request for cyclobenzaprine is considered not medically necessary. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Norco as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. There is no objective documentation of improvement in pain and functional capacity. The patient does not have documented spasms in the chart requiring a muscle relaxant. Therefore, the request is considered not medically necessary