

Case Number:	CM14-0047562		
Date Assigned:	06/25/2014	Date of Injury:	12/02/2012
Decision Date:	12/03/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/31/2014

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male injured worker suffered an industrial injury on 12-2-2012. The diagnoses included disorder of the right shoulder bursa, SLAP tear and right lateral epicondylitis. On 2-12-2014, the treating provider reported chronic right shoulder and right elbow pain. The injured worker reported dramatic improvement in the range of motion as well as some modest improvement in strength after 8 sessions of physical therapy and steroid injection. On exam, the right shoulder pain radiated to the right arm and forearm rated 4 out of 10 and at worst 10 out of 10. The provider noted Flexeril had "moderate improvement". On 3-10-2015, the provider reported right shoulder and elbow pain. On exam, there was tenderness of the right shoulder with flexion range of motion limited along with positive Jobs and Hawkin's tests. Further details of improvement were not included in the medical record including objective evidence of pain levels and reduction in muscle spasms with and without the requested treatment. Other medications in use were Celebrex and Diclofenac. Flexeril (Cyclobenzaprine) had been in use at least since 9-2013. Request for Authorization date was 3-10-2014. The Utilization Review on 3-18-2014 determined non-certification for Cyclobenzaprine 10mg, 180#.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS recommends 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. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. Cyclobenzaprine is more effective than placebo in the management of back pain, but the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on muscle relaxers make the quantity of medications currently requested not medically necessary.