

Case Number:	CM15-0008638		
Date Assigned:	01/26/2015	Date of Injury:	01/10/2013
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 42-year-old male who reported an injury on 01/10/2013. The injured worker reportedly suffered a crush injury to the right upper extremity while operating heavy machinery. The injured worker presented on 11/18/2014 with complaints of 6/10 right shoulder pain. The current medication regimen includes hydrocodone 10 mg, cyclobenzaprine 7.5 mg, naproxen sodium 550 mg, and Protonix 20 mg. Upon examination, there was tenderness to palpation of the right shoulder, positive impingement sign, positive Jobe test, and weakness with abduction. The current diagnoses include right shoulder acromioclavicular osteoarthropathy and right shoulder partial tear of the infraspinatus and supraspinatus tendons. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for 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 (dispensed on 11/18/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines do not recommend long term use of muscle relaxants. There was also no documentation of palpable muscle spasm or spasticity upon examination. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.