

Case Number:	CM15-0009352		
Date Assigned:	01/27/2015	Date of Injury:	08/21/2011
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
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 46 year old female who suffered a work related injury on 08/21/11. Per the physician notes from 11/03/14, she complains of left shoulder pain. The treatment plan includes plan for left surgery, tramadol, Norco, Nonsteroidals, and a proton pump inhibitor. On 12/18/14, the Claims Administrator non-certified cyclobenzaprine, citing non-MTUS guidelines. The non-certified treatment was subsequently appealed for 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 1PO TID PRN #90 refill 0: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder arthroscopy, synovectomy-bursectomy from 12/29/2014. The treater is requesting CYCLOBENZAPRINE 7.5 MG 1 P.O. T.I.D. P.R.N., QUANTITY 90, REFILL 0. The RFA

was not made available for review. The patient's date of injury is from 08/21/2011 and her current work status was noted to be per AME. The AME report was not made available for review. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use.

Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline-. This medication is not recommended to be used for longer than 2 to 3 weeks. The documents show that the patient was prescribed cyclobenzaprine on 08/25/2014. The treater notes medication efficacy stating, cyclobenzaprine 7.5 mg at t.i.d. dosing facilitates significant decrease in spasm for average of 5 hours, with improved range of motion and result in decrease in pain. Cyclobenzaprine at current dosing does decrease pain level additional 3 points average on a scale of 10 with examples of objective improvement with this medication provided. In this case, while the treater has noted benefit with the use of cyclobenzaprine, the MTUS Guidelines do not support its long-term use. The request IS NOT medically necessary.