

Case Number:	CM15-0131205		
Date Assigned:	07/22/2015	Date of Injury:	06/17/2003
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, California
 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 is a 68 year old female patient, who sustained an industrial injury on 06/17/2003. The diagnoses include potential for bilateral shoulder early rotator cuff arthropathy, status post repair massive rotator cuff tendon tears to bilateral shoulders, and cervical disc disease with interscapular radiculopathy. Per the progress note dated 05/07/2015, she had complaints of mild discomfort to her right shoulder and back. The physical examination revealed mildly positive impingement signs to right shoulder with crepitus to both shoulders and tenderness to neck and cervical paravertebral muscles. The medications list includes fexmid, naproxen and topical analgesics. Treatment and diagnostics to date has included bilateral shoulder surgeries and medications. The treating physician reported requesting authorization for Fexmid (Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Fexmid) 7.5mg as needed at bedtime #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page 64 Page(s): 41-42, 63-66.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had chronic right shoulder and back symptoms. Physical examination revealed mildly positive impingement signs to right shoulder with crepitus to both shoulders and tenderness to neck and cervical paravertebral muscles. She has history of bilateral shoulder surgeries. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short-term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine (Fexmid) 7.5mg as needed at bedtime #90 is medically appropriate and necessary to use as prn during acute exacerbations. Therefore, the request is medically necessary.