

Case Number:	CM15-0137517		
Date Assigned:	07/27/2015	Date of Injury:	03/31/2009
Decision Date:	09/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on 03/31/2009. The injured worker was diagnosed with cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement, bilateral hip bursitis versus lumbar radiculitis, internal derangement of the bilateral knees, left knee meniscus tear, plantar fasciitis and bilateral ankle internal derangement. The injured worker has a history of hypertension and gastroesophageal reflux disorder (GERD). The injured worker is status post L4-S1 fusion in 2010, removal of L4- S1 hardware in 2012, right shoulder arthroscopic surgery (no date documented) and left ankle-foot surgery (no date or procedure documented). Treatment to date has included diagnostic testing, surgery to multiple body parts, steroid injections to multiple areas, physical therapy and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience neck pain radiating into the upper extremities associated with headaches. The injured worker rates his neck pain level at 8 out of 10 on the pain scale. The injured worker also reported low back pain radiating into the lower extremities rated at 8 out of 10, bilateral shoulder, knees, feet and ankle pain rated at 4 out of 10 on the pain scale. Examination of the cervical spine demonstrated paravertebral muscle tenderness and spasm with positive axial loading compression test and Spurling's maneuver. Range of motion was limited due to pain with decreased sensation in a C5, C6 and C7 dermatome distribution. Motor strength was decreased and biceps and triceps reflexes were asymmetric. The bilateral shoulder examination noted tenderness at the right shoulder anteriorly. Tenderness was noted at the left subacromial and acromioclavicular joint with positive impingement and Hawkins sign. Drop arm sign was noted on the left. Limited range of motion and weakness of the shoulders

was documented. The injured worker received a steroid injection into the left shoulder subacromial space at the office visit. Current medications were listed as Tramadol, Naproxen and Protonix. Treatment plan consists of appointment with the spine surgeon and the current request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work-related injury in March 2009 and is being treated for radiating neck pain and headaches, radiating low back pain, and bilateral shoulder, knee, foot, and ankle pain. When seen, there were muscle spasms noted on examination. Spurling and cervical compression testing was positive. There was decreased upper extremity strength and sensation. Shoulder range of motion was limited and there was tenderness and positive impingement testing. Cyclobenzaprine 7.5 mg #120 was prescribed. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than 3 weeks of use and was not medically necessary.