

Case Number:	CM15-0139932		
Date Assigned:	07/29/2015	Date of Injury:	01/29/2007
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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 60 year old female, who sustained an industrial injury on 1-29-2007. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral shoulder impingement and cervical spine strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-24-2015, the injured worker complains of pain in the neck and bilateral shoulders with muscle spasm and cramps, rated 5 out of 10. Physical examination showed bilateral shoulder pain with movement and tenderness in the paracervical and trapezius regions. The treating physician is requesting Cyclobenzaprine 10 mg #30-30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10mg #30 30-day suply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 98.

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 injury in January 2007 and continues to be treated for right upper extremity and neck pain. When seen, she was having neck and bilateral shoulder pain. She was having symptoms including tension, cramping, and spasms. Relafen and Flexeril were being prescribed. There was decreased right shoulder range of motion with acromioclavicular joint tenderness and positive impingement testing. There was right cervical paraspinal and right trapezius muscle tenderness. Medications were continued. Naprosyn had been prescribed previously. 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 ongoing long term use and it appears to be ineffective and the claimant has ongoing spasms. Continued prescribing was not medically necessary.