

Case Number:	CM15-0144565		
Date Assigned:	08/05/2015	Date of Injury:	05/21/2014
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 5-21-2014, resulting from pulling a wheelchair into the bus, while working as a bus driver. The injured worker was diagnosed as having left neck pain, cervical paraspinal muscle spasm, cervical radicular pain, and tendinopathy of the left rotator cuff. Her past medical history included diagnoses of depressive disorder, not elsewhere classified, post-traumatic stress disorder, and bipolar disorder. Treatment to date has included diagnostics, physical therapy, chiropractic, acupuncture, and medications. Currently (6-26-2015), the injured worker complains of neck pain and stiffness and left shoulder pain. The pain radiated to the left scapula, left shoulder, left arm, left forearm, and left hand. She reported sleeping better with the addition of Flexeril. Her pain was not rated. Exam noted tenderness in the upper traps and shoulder. Normal neck range of motion was noted, with mild pain in flexion and rotation. Left shoulder abduction was unable to be performed beyond 90 degrees for flexion, rotation, and abduction, without pain. Impingement sign in the left shoulder was positive. Muscle strength testing in the upper extremities was within normal limits. Decreased sensation in the left index and long fingers was noted. She was prescribed Tramadol and Cyclobenzaprine and referred for physical therapy. Her work status remained modified with restrictions. The Qualified Medical Evaluation (4-18-2015) referenced reports noting the use of Cyclobenzaprine in 7-2014 and to the date of exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with Hydrocodone for over 6 months. Continued and chronic use is not medically necessary.