

Case Number:	CM15-0149794		
Date Assigned:	08/13/2015	Date of Injury:	06/24/2015
Decision Date:	09/10/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51 year old male, who sustained an industrial injury on 6-24-15. Initial complaint was of a sharp pain in the left shoulder with radiation to the lateral elbow. The injured worker was diagnosed as having shoulder pain; ulnar injury; epicondylitis lateral; bicipital tenosynovitis; rotator cuff syndrome; epicondylitis; tendinitis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left shoulder (7-20-15). Currently, the PR-2 notes dated 7-21-15 indicated the injured worker complains of left shoulder and left elbow pain. He was seen at a facility after the injury and received physical therapy, tape and MRI. The MRI reveals supraspinatus and infraspinatus tendinosis; biceps tenosynovitis; small chondral bone cyst-erosion in the head of humerus at superolateral aspect along insertion site of supraspinatus tendon; small subacromial-subdeltoid bursal effusion; no other abnormality noted. The pain began right after his injury with pain in the left shoulder and left elbow that radiates to medial 2 fingers with tingling and numbness and occasional weakness. He rates his pain on this day as 6-7 out of 10 and describes this pain as burning, sharp-shooting, tingling, deep-pressure, tightness. It is aggravated by moving and driving. It is mildly elevated by muscle relaxants. The impact of his pain impairs his ability to perform chores, driving and sports. Current medications are Motrin 600mg 1 tab 3-4 times a day and Cyclobenzaprine. Physical examination of the left shoulder note range of motion limited in abduction to 120 degrees, flexion to 90 degrees and tenderness with tenderness noted at the left lateral and medial epicondyle. The treatment plan included acupuncture and medications. The provider is requesting authorization of Cyclobenzaprine Hydrochloride Tab 7.5 MG #90 with No Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride Tab 7.5 MG #90 with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine hydrochloride tablets 7.5mg #90 is not medically necessary.