

Case Number:	CM15-0166565		
Date Assigned:	09/04/2015	Date of Injury:	07/27/2014
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on July 27, 2014. She reported a gradual increase in pain in the bilateral shoulders and left elbow. The injured worker was diagnosed as having right shoulder joint pain, left shoulder joint pain and numbness of skin. Treatment to date has included diagnostic studies, medication and physical therapy without relief. On July 27, 2015, the injured worker complained of left shoulder pain. Physical examination of the left shoulder revealed tenderness and restricted range of motion due to pain. Codman drop arm test was noted to be positive. The injured worker was noted to have left shoulder derangement. The treatment plan included an MRI of the left shoulder, x-ray of the left shoulder, acupuncture therapy, medication and a follow-up visit. A request was made for Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The 42 year old patient complains of left shoulder pain, and has been diagnosed with left shoulder derangement, as per progress report dated 07/27/15. The request is for Cyclobenzaprine 7.5mg #60. The RFA for this case is dated 07/27/15, and the patient's date of injury is 07/27/14. Diagnoses, as per progress report dated 06/03/15, included bilateral shoulder adhesive capsulitis, bilateral shoulder bursitis, left elbow lateral epicondylitis, bilateral hand arthropathy, left hand pain, and left wrist sprain/strain. Medications, as per progress report dated 07/27/15, included Naproxen, Cyclobenzaprine and Pantoprazole. The patient is partially disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle relaxants section, states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350?, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription for Cyclobenzaprine is first noted in progress report dated 03/30/15. While it appears that the patient has been taking the medication consistently since then, it is not clear when Cyclobenzaprine was initiated. There is no documentation of efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of Cyclobenzaprine beyond a 2 to 3 week period. Hence, the request for # 60 is not medically necessary.