

Case Number:	CM15-0167407		
Date Assigned:	09/08/2015	Date of Injury:	09/02/2003
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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 female who sustained an industrial rear-ended moving vehicle accident injury on 09-02-2003. The injured worker was diagnosed with lumbago and disorders of the bursa and tendons of the shoulder area. There were no surgical interventions noted. Past treatments that were documented consist of diagnostic testing, acupuncture therapy and medications. The requested treatment for IMR was initially reviewed by the Utilization Review on 08-21-2015. According to the treating physician's report dated August 7, 2015, the injured worker continues to experience lower back and left shoulder pain with radiation to the arms and between the shoulder blades associated with numbness, tingling and weakness in the arms and legs. The injured worker rated her pain level at 8-10 out of 10 without medication, 5 at its best with medication and an average of 7 out of 10 on the pain scale. Observation by the provider noted and antalgic gait and limping. Examination demonstrated tenderness to palpation over the posterior aspect of the shoulder with positive Hawkins and cross arm adduction test with limited range of motion. Examination of the lumbar spine revealed limited range of motion on rotation and side bending. There was tenderness of the left sciatic notch with gluteal spasm. There was no tenderness of the spinous process. Seated and supine straight leg raise on the left was positive. Motor strength testing was within normal limits in all major muscle groups of the upper extremities and sensory was decreased to light touch and pinprick over the left L5 and S1 dermatomes of the lower extremities. Deep tendon reflexes were intact in the bilateral upper and lower extremities. Current medications were documented as Hydrocodone and Cyclobenzaprine. The injured worker is temporarily totally disabled and off work. The treatment plan consists of

follow-up in clinic and the current request for Cyclobenzaprine 7.5 mg and the retrospective request for Cyclobenzaprine 7.5 mg (Dispensed on 8-7-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg (Dispensed 8/7/15) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity drugs Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective cyclobenzaprine 7.5 mg #60 date of service August 7, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbago; and disorders of bursa and tendons in the shoulder region, unspecified. The date of injury is September 2, 2003. Request for authorization is August 13, 2015. The earliest progress note containing Flexeril (cyclobenzaprine) is dated February 27, 2015. According to August 7, 2015 progress note, the current medications include Flexeril. Subjectively, the injured worker complains of left shoulder pain with radiation to the arm. Objectively, there is SI joint tenderness with gluteal spasm. The treating provider prescribed cyclobenzaprine in excess of six months. The guidelines recommend short-term (less than two weeks). There are no compelling clinical facts in the medical record in support the ongoing use of cyclobenzaprine. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued well in excess of the recommended guidelines (six months) with guideline recommendations for short-term (less than two weeks), and no documentation demonstrating objective functional improvement, retrospective cyclobenzaprine 7.5 mg #60 date of service August 7, 2015 is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity drugs Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbago; and disorders of bursa and tendons in the shoulder region, unspecified. The date of injury is September 2, 2003. Request for authorization is August 13, 2015. The earliest progress note containing Flexeril (cyclobenzaprine) is dated February 27, 2015. According to August 7, 2015 progress note, the current medications include Flexeril. Subjectively, the injured worker complains of left shoulder pain with radiation to the arm. Objectively, there is SI joint tenderness with gluteal spasm. The treating provider prescribed cyclobenzaprine in excess of six months. The guidelines recommend short-term (less than two weeks). There are no compelling clinical facts in the medical record in support the ongoing use of cyclobenzaprine. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued well in excess of the recommended guidelines (six months) with guideline recommendations for short-term (less than two weeks), and no documentation demonstrating objective functional improvement, cyclobenzaprine 7.5 mg #60 is not medically necessary.