

Case Number:	CM15-0167709		
Date Assigned:	09/08/2015	Date of Injury:	03/01/2011
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, 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:

This is a 54 year old male patient who sustained an injury on 3-01-2011. He sustained the injury due to a fall. Diagnoses include left shoulder, arm and wrist pain. Per the doctor's note dated 8/12/15, he recently sustained the injury due to involved in motor vehicle accident on 7/28/15. He had constant muscle spasm in the left arm. The physical examination revealed muscle fasciculation in the left upper arm. Per the Primary Treating Physician's Progress Report (PR-2) dated 6-18-2015, he had complaints of chronic left shoulder and left arm pain. He reported that symptoms have not changed since the last visit. His left shoulder (including anterior chest) and elbow bother him more than his wrist. He rates his pain level as 10 out of 10 without medication and Norco brings the pain down to 4-6 out of 10. The physical examination revealed moderate tenderness over the left shoulder and anterior chest diffusely, and to palpation of the upper arm and elbow diffusely. The current medications list includes Norco, Zoloft, Robaxin, Voltaren gel and Cyclobenzaprine. Treatment to date has included surgical intervention (rotator cuff repair, 2011), as well as conservative measures including diagnostics, injections and medications. The plan of care included modified work, follow-up care and medication management and authorization was requested for Cyclobenzaprine 10mg #90, Norco 10-325mg #150, Zoloft 100mg #60 and a drug screen (DOS 6-18-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg (1) 3 times a day as needed #90: Overturned

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): Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had left shoulder and left arm pain with recent history of motor vehicle accident. He had constant muscle spasm in the left arm. He has objective findings on the physical examination-muscle fasciculation in the left upper arm. He has history of shoulder surgery. Therefore, the patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 10mg (1) 3 times a day as needed #90 is medically appropriate and necessary to use as prn during acute exacerbations.