

Case Number:	CM15-0168984		
Date Assigned:	09/09/2015	Date of Injury:	09/11/2013
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This 59 year old female sustained an industrial injury to the right shoulder on 9-11-13. Previous treatment included physical therapy and medications. In a PR-2 dated 4-27-15, the injured worker complained of ongoing right shoulder pain. Recent magnetic resonance imaging arthrogram right shoulder, obtained due to increased pain and decreased range of motion, ruled out a soft tear. The injured worker rated her pain 8 to 9 out of 10 on the visual analog scale. The treatment plan included increasing Norco dosage, a trial of Amitriptyline and continuing Flexeril. In a PR-2 dated 7-23-15, the injured worker complained of pain to the right shoulder, neck and upper back. The injured worker reported that medications were helping. The injured worker could sit, stand and walk for 15 minutes. Sleep was disturbed 2-3 time per night. Physical exam was remarkable for right shoulder with limited range of motion. Current diagnoses included cervical spine degenerative disc disease, right shoulder tendinopathy, depression, anxiety and sleep disturbance. The treatment plan included changing scheduled physical therapy to massage and acupuncture, continuing medications (Norco, Amitriptyline and Flexeril) and continuing home exercise. Previous treatment included Urine drug screening (7-23-15) was consistent with prescribed medications. On 7-31-15, Utilization Review modified a request for Norco, Amitriptyline and Cyclobenzaprine noting lack of documentation of pain relief, functional status, appropriate medication use and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #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): Cyclobenzaprine (Flexeril).

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 for several months in combination with Norco without improvement in pain or function. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.