

Case Number:	CM15-0170033		
Date Assigned:	09/01/2015	Date of Injury:	09/11/2012
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old female, who sustained an industrial injury on 9-11-12. The diagnoses have included biceps tendinitis, sleep disorder, tenosynovitis, myofascial pain, adhesive capsulitis of the right shoulder, chronic pain, and impingement syndrome of the right shoulder. Treatment to date has included medications, diagnostics, right shoulder surgery 1-31-14, physical therapy, psychiatric and other modalities. Currently, as per the physician progress note dated 7-13-15, the injured worker complains of right shoulder chronic pain with associated stiffness in the joints of the right shoulder, both elbows and both wrists. The current medications included Acetaminophen, Tramadol, Doc-Q-Lace, and Trazadone. The objective findings- physical exam reveals that the bilateral upper extremity exam shows that the range of motion of the right shoulder is within normal limits except for flexion, which is limited to 90 degrees, and extension which is limited to 20 degrees, abduction which is limited to 90 degrees and external rotation which is limited to 60 degrees. The right shoulder flexors are graded 3+ out of 5 and there is joint crepitus noted to palpation within the shoulder of a mild degree in the right upper extremity. The physician prescribed Cyclobenzaprine. Work status was modified with restrictions. The physician requested treatment included Cyclobenzaprine 10mg quantity of 60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg Qty: 60 with 2 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, Weaning of Medications Page(s): 63-66; 124.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the arms with right arm stiffness. The documented pain assessments were minimal and did not include many of the elements suggested by the Guidelines. These records showed the worker used this medication for many months. Further, the request included medication for a prolonged amount of time, and the discussion did not sufficiently describe special circumstances to support this request for long-term use. In the absence of such evidence, the current request for 60 tablets of cyclobenzaprine 10mg with two refills is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.