

Case Number:	CM15-0182197		
Date Assigned:	09/23/2015	Date of Injury:	03/11/2015
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 41 year old female, who sustained an industrial injury on 3-11-15. Current diagnoses or physician impression includes right shoulder impingement syndrome with associated biceps tendonitis. Her work status is modified duty if available. A note dated 8-5-15 reveals the injured worker presented with complaints of right shoulder pain with decreased range of motion. Physical examinations dated 7-22-15 - 8-5-15 revealed decreased range of motion in the right shoulder and tenderness over the "anterior aspect of the acromion and biceps tendon". There is no tenderness over the "acromioclavicular joint". Treatment to date has included medication, right shoulder steroid injection, physical therapy and home exercise program. Diagnostic studies to date have included right shoulder MRI (6-22-15) and x-rays. A request for authorization dated 8-17-15 Cyclobenzaprine 7.5 mg #60 (dispensed 8-5-15) is modified to #60 with no refills, per Utilization Review letter dated 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 dispensed 8/5/15 with 2 additional refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants such as cyclobenzaprine are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and 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. As the patient has no evidence in the records of significant spasms objectively, the determination is for non-certification for cyclobenzaprine as it is not medically necessary and appropriate.