

Case Number:	CM15-0192597		
Date Assigned:	10/06/2015	Date of Injury:	05/12/2013
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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, North Carolina
 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:

The injured worker is a 47 year old male, who sustained an industrial injury on May 12, 2013. The injured worker was diagnosed as having status post right arthroscopic subacromial decompression on October 10, 2013 and rule out cervical disc injury. Treatment and diagnostic studies to date has included medication regimen, above noted procedure, and home exercise program. In a progress note dated August 20, 2015 the treating physician reports complaints of pain to the right shoulder and to the cervical spine with right upper extremity symptoms. Examination performed on August 20, 2015 was revealing for decreased range of motion to the right shoulder, tenderness to the right shoulder, positive impingement testing to the right shoulder, tenderness to the cervical spine, decreased range of motion to the cervical spine, meniscus sensation to the right cervical six and seven dermatomes, decreased motor strength to the right wrist extensors and right wrist flexors, and spasm to the cervical trapezius and deltoid muscles. On August 20, 2015 the injured worker's medication regimen included Tramadol, non-steroidal anti-inflammatory drugs, use of a proton pump inhibitor, and Cyclobenzaprine with an unknown start date. The injured worker's pain level on August 20, 2015 was rated an 8 out of 10 to the right shoulder and a 7 out of 10 to the cervical spine and the right upper extremity, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. The treating physician noted on August 20, 2015 that the use of the injured worker's medication regimen allows the injured worker to perform activities of daily living such as household chores, shopping, grooming,

cooking, and perform home exercise program but was noted to be unable to perform these activities without the use of his medication regimen. On August 20, 2015 the treating physician requested the medication Cyclobenzaprine 7.5mg with a quantity of 90 noting that this medication decreases the injured worker's spasms for about 4 to 6 hours, allowing for "marked improvement in range of motion, tolerance of exercise, and additional decrease in overall pain level 2to 3 points average on scale of 10". On September 11, 2015 the Utilization Review determined the request for Cyclobenzaprine 7.5mg with a quantity of 90 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: CA MTUS Guidelines state that cyclobenzaprine (Flexeril) is a muscle relaxant indicated for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Limited, mixed evidence does not allow for chronic use. In this case, the patient is being prescribed Flexeril for chronic use. MTUS does not recommend long-term use of muscle relaxants and recommends using 3-4 days for acute spasm and no more than 2-3 weeks. In this case, there is no clear documentation of acute muscle spasm or intention to treat for a short course of therapy. Therefore the request is not medically necessary or appropriate.