

Case Number:	CM15-0192693		
Date Assigned:	10/06/2015	Date of Injury:	02/22/2012
Decision Date:	11/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old female, who sustained an industrial injury on 2-22-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder tendinitis rotator cuff, status post right first dorsal compartment tenosynovectomy and de Quervain's release on 2-2-2015, and cervical pain with upper extremity symptoms. On 8-31-2015, the injured worker reported right shoulder pain, worsening, rated 8 out of 10, right wrist-hand pain rated 5 out of 10, left wrist pain rated 3 out of 10, and cervical pain with right upper extremity symptoms rated 6 out of 10, all unchanged since the 7-6-2015 report. The Primary Treating Physician's report dated 8-31-2015, noted the injured worker had failed non-steroid anti-inflammatory drugs (NSAIDs), with Cymbalta facilitated significant diminution in pain with improved tolerance to a variety of activities, using Naproxen and Pantoprazole as well, with the injured worker denying side effects. The physical examination was noted to show the right shoulder with tenderness in the anterior aspect and the acromioclavicular (AC), with swelling, and atrophy of the right deltoid musculature. The cervical spine was noted to have tenderness with diminished sensation in the right C6 and C7 dermatomal distributions. The bilateral wrists were noted to have pain with flexion and extension. The Physician noted the right shoulder condition was "refractory to extensive conservative treatments to date", with range of motion (ROM) continuing to decline and impending adhesive capsulitis. The treatment plan was noted to include additional postoperative physical therapy, and dispensed medications of Duloxetine, Naproxen Sodium, Pantoprazole, and Cyclobenzaprine, prescribed since at least 4-6-2015, with urine drug screen (UDS), and request for DNA-genetic testing to rule out metabolic pathway deficiency for proper medication selection-management. The injured worker's work status was noted to be temporarily partially disabled with work modifications. The request for authorization dated 8-20-

2015, requested a retrospective request (date of service (DOS) 8/3/2015) for Duloxetine 30mg BID, #60, a retrospective request (DOS 8/3/2015) for Pantoprazole 20mg 1 PO TID, #90, a retrospective request (DOS 8/3/2015) for Naproxen Sodium 550mg 1 PO BID, #90, and a retrospective request (DOS 8/3/2015) for Cyclobenzaprine 7.5mg 1 PO TID, #90. The Utilization Review (UR) dated 9-2-2015, certified the requests for a retrospective request (date of service (DOS) 8/3/2015) for Duloxetine 30mg BID, #60, a retrospective request (DOS 8/3/2015) for Pantoprazole 20mg 1 PO TID, #90, a retrospective request (DOS 8/3/2015) for Naproxen Sodium 550mg 1 PO BID, #90, and non-certified the retrospective request (DOS 8/3/2015) for Cyclobenzaprine 7.5mg 1 PO TID, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 8/3/2015) for Cyclobenzaprine 7.5mg 1 PO TID, #90: Upheld

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

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Retrospective request (DOS 8/3/2015) for Cyclobenzaprine 7.5mg 1 PO TID, #90. The treating physician report dated 4/6/15 (50B) notes that the patient was prescribed cyclobenzaprine 7.5mg #90. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 4/6/15 (50B). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.