

Case Number:	CM15-0193160		
Date Assigned:	10/07/2015	Date of Injury:	12/27/2010
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
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: 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 injured worker is a 57 year old male who reported an industrial injury on 12-27-2010. The history noted the removal of his right knee in 1976, and the left knee in 1977, along with a left shoulder "SLAP" lesion repair in 1997 and left shoulder surgery on 12-27-2010. His diagnoses, and or impressions, were noted to include: enthesopathy of hip; lumbar-lumbosacral disc degeneration; lumbosacral neuritis; arthritis and osteoarthritis; and headaches. No current imaging studies were noted. His treatments were noted to include: an agreed medical re-evaluation on 9-4-2014; an impairment rating report on 9-15-2014; ice-heat therapy; bilateral sacral epidural steroid injection (8-10-15) - with 50% relief on the right and 90% relief on the left, and increased mobility; facet joint and trigger point injection therapies; acupuncture treatments; massage therapy; heat-ice therapy; occipital nerve block; physical therapy; medication management; and rest from work. The progress notes of 8-26-2015 reported: continual sweating; decreased pain, rated 4-5 out of 10, in his shoulders and right leg from taking medications since his last visit on 7-28-2015; a decrease in lumbar pain to 3 out of 10; difficulty with sleep versus no difficulty with sleep; right posterior calf pain (with negative ultrasound); very good reduction in pain from the 8-10-2015 epidural steroid injection; help from ice therapy, Voltaren gel, and Lidoderm patches behind the right leg; that the injection and medications help stabilize his pain and allowed him to function daily; that Fentanyl helped keep his pain level down below a 7 out of 10, along with Norco for breakthrough pain (giving an 80% benefit with improved function); that he needed assistance with a activities of daily living and was only able to drive to his doctor appointments; and that he was not working. The objective findings were

noted to include: greater right than left grip strength; left shoulder tenderness anterolateral; mild tenderness right medial and lateral elbow; positive impingement sign; painful active and passive range-of-motion; end-stage bilateral shoulder osteoarthritis (helped by Synvisc, and with recommended total replacement); and decreased bilateral lower extremity reflexes, and hip & knee motor strength. The physician's requests for treatment were noted to include the continuation of his current medications, without change, which were noted to include Cyclobenzaprine HCL 10 mg, 1 two x every day. The progress notes of 3-9-2015 did not note Cyclobenzaprine HCL as part of his medication regimen. No Request for Authorization for Cyclobenzaprine HCL 10 mg, #90 was noted in the medical records provided. The Utilization Review of 9-3-2015 non-certified the request for Cyclobenzaprine HCL 10 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #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): 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 over a year in combination with Cox2 inhibitors and opioids. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.