MAXIMUS Federal Services

Case Number:	CM15-0193870		
Date Assigned:	10/07/2015	Date of Injury:	12/19/2009
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 12-19-09. The documentation on 9-8-15 noted that the injured worker has complaints of neck pain, low back pain and shoulder pain. The injured worker indicates that his right shoulder is becoming worse on a daily basis and he is having more difficulty raising anything up with his right shoulder especially abduction injured worker quite painful for him. The injured worker has a negative drop sign on the right shoulder and he has significant weakness with abduction of the right arm at about 4 out of 5 with the left arm being 5 out of 5 he has pain with internal and external rotation of the right arm and he has positive apprehension sign of the right arm. The injured worker has tenderness over the right posterior shoulder girdle and has painful about 90 degrees on the right, which is full 180 degrees on the left. The diagnoses have included cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy; pain in joint lower leg and pain in joint shoulder. Treatment to date has included epidural steroid injection; naproxen sodium; cyclobenzaprine; hysingla ER; omeprazole and senokot. The new magnetic resonance imaging (MRI) of the right shoulder on 8-5-15 demonstrates a tear. Cervical spine magnetic resonance imaging (MRI) on 6-18-13 revealed at C5-C6 and C6-C7, mild degenerative disc disease; the central canal and neural foramina are patent throughout the cervical spine and straightening of the normal cervical lordosis, query positioning or secondary to muscle spasm and there is no muscle edema or strain. The original utilization review (9-17-15) denied the request for cyclobenzaprine, flexeril 7.5mg #90 prescribed 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Flexeril 7.5mg #90 prescribed 9/8/15: 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), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has used this medication for chronic pain and there is no evidence of an acute exacerbation of spasm. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine/ Flexeril 7.5mg #90 prescribed 9/8/15 is not medically necessary.