

Case Number:	CM15-0194512		
Date Assigned:	10/08/2015	Date of Injury:	05/20/2013
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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:

This is a 54 year old female who sustained an industrial injury on 5-20-2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral rotator cuff tear status post arthroscopic repair and cervical strain. According to the progress report dated 9-3-2015, the injured worker reported feeling the same. She complained of constant sharp neck and bilateral shoulder pain rated 7 out of 10. The physical exam (9-3-2015) revealed pain to palpation along the neck and shoulders. Neer's and Hawkins tests were positive bilaterally. Treatment has included transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, physical therapy (July 2015), a home exercise program and medications. Cyclobenzaprine was dispensed on 9-3-2015; it was noted that her last prescription was five months ago. Other medications prescribed included Effexor, Omeprazole, Naproxen and Norco. The original Utilization Review (UR) (9-3-2015) denied a request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: The current request is for Cyclobenzaprine 10mg #100. Treatment has included transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, physical therapy, shoulder surgery (2013), a home exercise program and medications. Work status: modified work. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." According to the progress report 09/03/15, the patient reported constant sharp neck and bilateral shoulder pain rated 7 out of 10. The physical examination revealed pain to palpation along the neck and shoulders. Neer's and Hawkins tests were positive bilaterally. Current medications include Effexor, Omeprazole, Naproxen and Norco. The treater recommended a trial of Cyclobenzaprine 10mg #100. This is an initial request for this medication. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. The progress notes do not indicate acute episodes of muscle spasms to warrant a short course of this medication. In addition, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, and the current request is for 100 tablets. Therefore, the request is not medically necessary.