

Case Number:	CM15-0199409		
Date Assigned:	10/13/2015	Date of Injury:	05/16/2013
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58 year old female who sustained an industrial injury on 5-6-2013. A review of medical records indicates the injured worker is being treated for lumbosacral myoligamentous sprain strain, right lumbar radiculitis, cervical myoligamentous sprain strain, status post diagnostic and operative arthroscopy, with rotator cuff repair, subacromial decompression with acromioplasty, and intra-articular limited debridement of partial subscapularis tendon tear and synovectomy, left shoulder, acromioclavicular joint osteoarthritis left shoulder, mild degenerative disc disease L5-S1 spinal segment, and mild multilevel degenerative disc disease cervical spine. Medical records dated 6-18-2015 noted neck pain a 4-9 out a 10. It is relieved with heat and medications and is made worse with carrying. Low back pain was rated a 5-10 out of 10. It is made worse with weather and sleeping. Left shoulder was rated 4-10 out of 10. Right shoulder pain was rated a 3-10 out of 10. Pain was the same at the visit prior. Physical examination of the cervical spine revealed loss of range of motion and palpable tenderness and hypertonicity. The lumbar spine showed decreased range of motion and palpable tenderness and hypertonicity. The left shoulder showed decreased range of motion and palpable tenderness and hypertonicity. Right shoulder showed loss of range of motion and palpable tenderness and hypertonicity. Treatment has included Norco and tramadol since at least 3-18-2015. Utilization review form dated 9-22-2015 modified Voltaren and noncertified Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine HCL) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), NSAIDs, specific drug list & adverse effects.

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

Decision rationale: Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain with spasm. There was no suggestion the worker was having a flare-up of long-standing lower back pain or a discussion sufficiently describing special circumstances to support this request. Further, the request was for an unspecified dose of medication, which would not allow for changes in the worker's care needs or for determination of medical need. For these reasons, the current request for 90 tablets of an unspecified dose of cyclobenzaprine is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.