

Case Number:	CM15-0202153		
Date Assigned:	10/21/2015	Date of Injury:	11/14/2013
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 45 year old male, who sustained an industrial injury on 11-14-2013. The injured worker was diagnosed as having shoulder impingement, rotator cuff tendinosis, chronic pain syndrome, thoracic sprain-strain, cervical radiculitis and myofascial pain. On medical records dated 09-17-2015 and 08-13-2015, the subjective complaints were noted as left shoulder, neck and upper back injuries with left upper back and neck pain that was more intense since starting landscaping work one week prior. The injured worker also complained of occasional headaches. Objective findings were noted as cervical spine with decreased sensation to light touch C5-8 on the left. Lumbar spine revealed tenderness to touch. Treatments to date included medication, home exercise program, physical therapy, ice-heat therapy and TENS unit. Pain level was noted as a 0 put of 10 with medication and 9-10 out of 10 without medication. The injured worker was noted to be unemployed. Current medications were listed as Naproxen, Gabapentin, Cyclobenzaprine (since at least 03-2015) Omeprazole, and Methoderm Gel. The Utilization Review (UR) was dated 09-30-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for was retrospective Cyclobenzaprine 7.5mg quantity 60 DOS 9-17-15 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg quantity 60 DOS 9-17-15: 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): Muscle relaxants (for pain).

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such, the request for Retrospective Cyclobenzaprine 7.5mg quantity 60 DOS 9-17-150 is not medically necessary and appropriate.