

Case Number:	CM15-0204018		
Date Assigned:	10/20/2015	Date of Injury:	04/19/2015
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 30 year old female who sustained an industrial injury on 04-19-2015. A review of the medical records indicated that the injured worker is undergoing treatment for cervical sprain, probable right rotator cuff syndrome with frozen shoulder, right wrist sprain and myofascial pain syndrome. According to the treating physician's progress report on 09-03-2015, the injured worker continues to experience neck, right shoulder and right upper extremity pain. Examination demonstrated discreet tender trigger points over the trapezius, mid-scapular and scapular musculature, right greater than left. Cervical range of motion was intact. Deep tendon reflexes were hypoactive with motor strength, sensation and distal vascular pulses intact. Right shoulder examination demonstrated diffuse tenderness over the right upper extremity with right shoulder abduction at 40 degrees, flexion at 50 degrees and extension at 10 degrees. Finklestein's test was positive on the right. Test for carpal tunnel syndrome and ulnar neuropathy were negative. Right upper extremity and cervical spine magnetic resonance imaging (MRI) official reports performed on 06-05-2015 were included in the review and interpreted by the physician in the 09-03-2015 progress note. Prior treatments have included diagnostic testing, heat and cold therapy, physical therapy, modified activities, wrist support, steroid burst, opioids, muscle relaxants, topical creams and non-steroidal anti-inflammatory drugs (NSAIDs) . The injured worker remains on temporary total disability (TTD). Current medications were listed as Neurontin, Ibuprofen, and Flexeril 10 mg (since 05-29-2015). Treatment plan consists of orthopedic consultation for the right shoulder, hand specialist consultation, pain psychological evaluation, cognitive behavioral therapy (CBT), trigger point injections and the current

retrospective request for Cyclobenzaprine 10mg #30 (DOS: 9/3/15). On 09-17-2015 the Utilization Review determined the retrospective request for Cyclobenzaprine 10mg #30 (DOS: 9/3/15) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclobenzaprine 10mg #30 for DOS: 9/3/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. 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. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. 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. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case there is no evidence of muscle spasms on review of the medical records from 9/3/15. There is no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. Thus the request is not medically necessary.