

Case Number:	CM15-0206420		
Date Assigned:	10/23/2015	Date of Injury:	06/18/2013
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, Florida, 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 52 year old female with a date of injury on 06-18-2013. The injured worker is undergoing treatment for other cervical disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, rotator cuff syndrome of shoulder and allied disorders, and shoulder region disorders not elsewhere classified. Comorbidity diagnosis is diabetes. A physician progress note dated 09-22-2015 documents the injured worker complains of neck, left shoulder, right shoulder and left ankle pain. She rates her pain as 7 out of 10 on a scale of 0 to 10. Her pain is constant and it radiates to the left arm, left elbow, left leg, left calf and left ankle. She has numbness in her left hand, pins and needles in her left hand, swelling and weakness. Her quality of sleep is poor. She has a slow antalgic gait. Cervical range of motion is restricted. There is hypertonicity, spasm, and tenderness of the left side paravertebral muscles, and at the paracervical muscles and trapezius. Lumbar range of motion is restricted and limited by pain. There is hypertonicity, spasm and tenderness on both sides of the paravertebral muscles. Lumbar facet loading is positive on both sides. Internal rotation of the femur resulted in deep buttock pain. Straight leg raise is positive on both sides. She is not working. Treatment to date has included diagnostic studies, medications, status post rotator cuff repair on 01-29- 2014, Nasal surgery in November of 2014, and anterior cervical discectomy and fusion on 08-20- 2014, 24 sessions of physical therapy, 12 chiropractic sessions, use of a Transcutaneous Electrical Nerve Stimulation unit. Current medications include Atorvastatin, Diltiazem, Hydrochlorothiazide, Metformin Hcl, and Nabumetone. She has tried Hydrocodone, Naproxen and Celebrex, which

were helpful. Cyclobenzaprine, Nabumetone, Naproxen and Ultracet were discontinued. She was prescribed Cyclobenzaprine (since at least 09-22-2015), Diclofenac sodium ER, Lidopro 4% ointment, Senna laxative and Terocin patch. The Request for Authorization dated 09-22-2015 included prescriptions for Cyclobenzaprine, Diclofenac Sodium ER, Lidopro 4% ointment, Senna laxative and Terocin patch, and a Functional Restoration program evaluation. On 10-09-2015 Utilization Review non-certified the request for Cyclobenzaprine 7.5mg/tab; #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg/tab; #60: 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).

Decision rationale: This claimant was injured now 2 years ago. No acute muscle spasm is noted. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of muscle relaxants in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.