

Case Number:	CM15-0207190		
Date Assigned:	10/26/2015	Date of Injury:	02/22/2012
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
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: California, Massachusetts

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 35 year old female, who sustained an industrial injury on 2-22-12. The injured worker was diagnosed as having tendinitis of the right shoulder rotator cuff, status post right first dorsal compartment tenosynovectomy and de Quervain's release on 2-2-15, and cervical spine with upper extremity symptoms. Treatment to date has included physical therapy, subacromial injections, home exercise, use of bracing, and medication including Duloxetine, Naproxen, Pantoprazole, and Cyclobenzaprine. Physical exam findings on 8-31-15 included tenderness of the right shoulder on the anterior aspect and acromioclavicular area. Right shoulder swelling and atrophy of the right deltoid was noted. Tenderness in the cervical spine and diminished sensation was noted in the right C6-7 dermatomal distributions. Pain with wrist flexion, extension, and against resistance was noted. The injured worker had been taking Cyclobenzaprine since at least April 2015. On 7-6-15 the injured worker's pain ratings were as follows: right shoulder pain rated as 8 of 10, right wrist and hand pain rated as 5 of 10, left wrist pain rated as 3 of 10, and cervical pain with upper extremity symptoms rated as 6 of 10. On 8-31-15, the injured worker complained of right shoulder pain rated as 8 of 10, right wrist and hand pain rated as 5 of 10, left wrist pain rated as 3 of 10, and cervical pain with upper extremity symptoms rated as 6 of 10. The treating physician requested authorization for retrospective Cyclobenzaprine 7.5mg #90. On 10-1-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #90: 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: The patient was injured in 2012 and continues to have reports of significant right shoulder pain with no evidence of spasm reported on the physical exam findings. According to MTUS guidelines, anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.