

Case Number:	CM15-0208388		
Date Assigned:	10/27/2015	Date of Injury:	10/06/2009
Decision Date:	12/08/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, 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:

The injured worker is a 62 year old individual, who sustained an industrial injury on 10/6/2009. The injured worker is undergoing treatment for: thoracic and thoracolumbar intervertebral disc degeneration, left shoulder impingement. On 10-8-15, the injured worker reported left shoulder pain rated 7 out of 10. There is also reported left wrist pain rated 5 out of 10, thoracic pain rated 5 out of 10, low back pain with lower extremity radiation rated 6 out of 10. "Recalls refractory nature of spasm prior to cyclobenzaprine on board at current dosing. Spasm was refractory to activity modification, stretching, heat, physical therapy, home exercise. cyclobenzaprine decreases spasm for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise," and decrease of pain level by an average of 3-4 points. Objective findings revealed tenderness in the left shoulder, decreased left shoulder range of motion, atrophy of the left deltoid, positive Tinel's and Phalen's of the left wrist, tenderness in the low back, decreased lumbar range of motion, tenderness in the thoracic spine and limited range of motion, tenderness in the left shoulder and decreased range of motion. The treatment and diagnostic testing to date has included: at least 2 sessions of shockwave therapy, medications, lumbar support, magnetic resonance imaging of the lumbar spine (8-31-15), x-rays of the lumbar spine (9-3-15), magnetic resonance imaging of the cervical spine (8-31-15). Medications have included: cyclobenzaprine, naproxen, Tramadol, pantoprazole. The records indicate the injured worker has utilized Cyclobenzaprine for greater than 2 weeks. Current work status: permanent and stationary. The request for authorization is for: Cyclobenzaprine 7.5mg quantity 90. The UR dated 10-20-2015: non-certified the request for Cyclobenzaprine 7.5mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG #90 Date Dispensed 9/17/15: 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).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for an unknown length of time in combination with NSAIDS. Continued use of Flexeril (Cyclobenzaprine) in the amount provided above is not medically necessary.