

Case Number:	CM15-0020041		
Date Assigned:	02/09/2015	Date of Injury:	07/28/2013
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male who reported an injury on 10/09/2014. The mechanism of injury was not stated. The current diagnoses include right shoulder subacromial bursitis, residual symptoms of pain in the right elbow/cubital tunnel, and right elbow status post cubital tunnel decompression surgery on 03/14/2014. The injured worker presented on 10/09/2014 with complaints of 6/10 right elbow pain and 3/10 right shoulder pain. The injured worker was utilizing tramadol ER and cyclobenzaprine 7.5 mg. Upon examination of the right shoulder, there was 160 degree flexion, 140 degree abduction, 80 degree external rotation, 90 degree internal rotation, 50 degree abduction and extension, positive subacromial bursitis, mild tenderness of the acromioclavicular joint, and 5/5 motor strength. Examination of the right elbow revealed 0 to 140 degree range of motion, 0 to 80 degree pronation and supination, subluxing of the ulnar nerve, and minimal swelling with positive spasm in the forearm musculature. Recommendations include continuation of the current medication regimen, as well as additional postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 09/2013. Despite the ongoing use of this medication, the injured worker continues to demonstrate positive spasm of the forearm musculature. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.