

Case Number:	CM15-0216558		
Date Assigned:	11/06/2015	Date of Injury:	10/11/2011
Decision Date:	12/21/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 37 year old with a date of injury on 10-11-2011. The injured worker is undergoing treatment for left shoulder impingement syndrome, and status post left shoulder surgery. A note dated 08-18-2015 documents she has frequent bilateral shoulder pain-left greater than right that is rated 5-7 out of 10. She has severe migraine headaches on the left side of her head. She has range of motion with stiffness and tightness. There is moderate tenderness to the anterior deltoid, and greater tuberosity. A physician progress note dated 09-30-2015 documents the injured worker complains of pain rated 7 out of 10 and it is sharp, throbbing, burning left shoulder pain with stiffness and weakness. Ranges of motion are restricted and painful. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. There is muscle spasm of the anterior shoulder, lateral shoulder and posterior shoulder. Impingement is positive. Treatment to date has included diagnostic studies, and left shoulder surgery x 3, and medications. Medications include Voltaren, Cyclobenzaprine (since at least 08-27-2015) and Restoril. The Request for Authorization dated 09-30-2015 includes Cyclobenzaprine 7.5mg, #90, Voltaren 100mg, #50, Restoril 7.5mg #30, Compound HNPC1 and Compound HMPC. On 10-12-2015 Utilization Review modified the request for Cyclobenzaprine 7.5mg, #90 to #20.

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: 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: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records.