

Case Number:	CM15-0224059		
Date Assigned:	11/20/2015	Date of Injury:	11/30/2010
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/13/2015

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

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 who sustained an industrial injury November 30, 2010. Past history included right shoulder arthroscopy October 2011 and GERD (gastro-esophageal reflux disease). Past treatment included medication and sixteen visits of physical therapy. Diagnoses are adhesive capsulitis of shoulder; pain in joint shoulder; long term use of medication not elsewhere classified. According to a certified physician's assistants office notes dated September 24, 2015, the injured worker presented for follow-up with complaints of bilateral shoulder pain. The physician's assistant documented an MRI of the left shoulder showed a large spur in the acromioclavicular joint projecting downward with a downsloping acromion as well as a tear of the supraspinatus tendon of moderate size. She is taking Norco when needed with a 60% decrease in pain. Current medication included Cyclobenzaprine (since at least July, 2015), ibuprofen, and Norco. Objective findings included; bilateral shoulder tenderness; left shoulder-positive impingement signs and positive Hawkins and Neer sign. Treatment plain included pending surgical consultation and at issue, a request for authorization for Cyclobenzaprine. A toxicology report dated July 29, 2015, is present in the medical record. According to utilization review dated October 16, 2015, the request for Norco 7.5-325mg Quantity: 30 is certified. The request for Cyclobenzaprine 10mg Quantity: 180 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, there is no evidence of muscle spasm on physical examination. Additionally, this medication is recommended for short-term use only and this request for 180 tablets implies chronic treatment. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 10mg, #180 is determined to not be medically necessary.