

<b>Case Number:</b>	CM15-0042007		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female, who sustained an industrial injury on 3/01/2012. She was diagnosed as having right shoulder impingement with rotator cuff tendinopathy, left cervical myofascial pain and right upper extremity overuse. Treatment to date has included medications, TENS unit and modified work. Per the Follow-up consultation dated 1/09/2015 the injured worker reported right shoulder pain rated as 9/10, left compensatory shoulder pain rated as 6/10 and right wrist/hand pain rated as 3/10. Medication is noted to reduce pain to 5-6/10. Physical examination revealed tenderness to the right and left shoulder. Right shoulder range of motion was limited markedly with pain; there were positive impingement signs and swelling of the right shoulder. The plan of care included medications and continuation of TENS unit. Authorization was requested for Cyclobenzaprine, Naproxen and Pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic bilateral shoulder pain with findings consistent with rotator cuff impingement syndrome. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.