

Case Number:	CM15-0043192		
Date Assigned:	03/13/2015	Date of Injury:	02/08/2012
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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:

This 55 year old male sustained a work related injury on 02/08/2012. According to a progress report dated 01/07/2015, the injured worker rated left shoulder pain 6 on a scale of 1-10 and left foot/ankle pain 7. The injured worker reported improved range of motion with medication, decrease in pain and improved function and greater level of activity. Activities of daily living maintained with medication on board included grocery shopping, bathing, grooming, daily household duties such as preparation of food and taking out the trash. The provider noted that spasm remained refractory to heat, cold, stretching, physical therapy, home exercises, activity modification and TENS. Objective findings noted spasm of the cervical trapezius. The provider noted that Cyclobenzaprine three times a day facilitated decrease in intractable spasm for an average of five hours, with improved motion and tolerance to exercise and decrease in pain level. Diagnoses included status post left shoulder surgery and left ankle pain history of fracture. Treatment plan included additional postoperative physical therapy for the left shoulder, MRI of the left ankle, continue TENS and medications included Tramadol, Naproxen Sodium, Cyclobenzaprine and Pantoprazole.

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 Treatment Guidelines Cyclobenzaprine (Flexeril) and Weaning of Medications Page(s): 41 and 124.

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for shoulder and ankle pain. 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.