

Case Number:	CM15-0055458		
Date Assigned:	03/30/2015	Date of Injury:	03/24/2014
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 54 year old male, who sustained a work/industrial injury on 3/24/14. He has reported initial symptoms of severe sharp right shoulder pain. The injured worker was diagnosed as having cervical radiculopathy, right shoulder superior labrum anterior to posterior tear (SLAP), reactive sleep disturbance, and reactive depression and anxiety. Treatments to date included medication, right shoulder injection, Transcutaneous Electrical Nerve Stimulation (TENS) unit, traction, and ice. Magnetic Resonance Imaging (MRI) was performed on 5/19/14. Currently, the injured worker complains of severe right shoulder pain. The treating physician's report (PR-2) from 1/13/15 indicated the injured worker reported muscle weakness and decreased range of motion. There was report of difficulty with memory, sleep disturbance, decreased range of motion over the right shoulder, with flexion at 60 degrees, and on the left side 130 degrees. Extension is 20 degrees on the right and 40 degrees on the left. Abduction is 60 degrees on the right and 130 on the left. There is give-way weakness of the right upper extremity with elbow flexion and extension. Hawkin's, Crossover, Drop-arm test is positive. Sensation is decreased over the right lateral forearm and C5-6 dermatome. Treatment plan included Cyclobenzaprine. The medications listed are tramadol, Senokot, omeprazole, cyclobenzaprine and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records show that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing opioids and sedative medications concurrently. The criteria for the use of cyclobenzaprine 7.5mg #60 was not met and thus, the request is not medically necessary.