

<b>Case Number:</b>	CM15-0081615		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 55-year-old male patient who sustained an industrial injury on 07/30/2012. A primary treating office visit dated 08/15/2014 reported the patient with subjective complaint of bilateral shoulder pain. There is increased pain with any reaching overhead. Current medication is Norco. Objective findings showed the right shoulder with tenderness to palpation over the right anterior and superior aspect. The left shoulder showed tenderness to palpation over the lateral subcromial. He is diagnosed with: left shoulder bursitis; left shoulder impingement; right shoulder status post arthroscopic subcromial decompression, and right shoulder status post arthroscopic biceps tendodesis, Mumford procedure, subcromial bursectomy and decompression of cyst. The plan of care involved: completing physical therapy sessions, and obtain a magnetic resonance imaging of the left shoulder for diagnostic purposes. He will remain temporary totally disabled through 09/19/2014. He was prescribed Norco 5mg #60, and will return for follow up on 09/19/2014. At a follow up visit on 04/17/2015, the patient had subjective complaint of still with neck pain. He had a cervical injection, 02/20/2015, which decreased the pain for approximately twenty-four hours. He has been taking Norco and Norflex. The assessment noted bilateral shoulder surgeries, left shoulder pain, and trapezius muscles myofascial pain. He was diagnosed with pain in joint shoulder, and shoulder strain/sprain. He is to continue with medications Norco 5/325, Naproxen, and Flexeril; with follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 55 year old male has complained of shoulder pain since date of injury 7/30/12. He has been treated with trigger point injections, surgery, physical therapy and medications to include Cyclobenzaprine for at least 4 weeks duration. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.