

Case Number:	CM15-0081646		
Date Assigned:	05/04/2015	Date of Injury:	10/29/2010
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 10/29/10. The injured worker was diagnosed as having right shoulder bursitis with acromioclavicular joint symptoms, probable superior labrum anterior and posterior lesion, status post C4-5 anterior cervical discectomy and fusion on 10/31/12, and L3-5 disc desiccation and bulging with neuroforaminal stenosis. Treatment to date has included medications such as Vicodin and Flexeril, which were noted to both be helping. A physician's report dated 2/26/15 noted neck pain was rated as 9/10, low back pain was rated as 8/10, right shoulder pain was rated as 9/10, and shoulder blade pain was rated as 8/10. Currently, the injured worker complains of pain in the neck, low back pain, right shoulder pain, and shoulder blade pain. The treating physician requested authorization for a 1-month supply of Cyclobenzaprine 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Cyclobenzaprine 10mg: 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: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There are statements documenting improvement in pain while using his medications but no specific details are listed as to functional improvement. There was no documented spasms on exam. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.