

Case Number:	CM15-0087349		
Date Assigned:	05/11/2015	Date of Injury:	06/25/2013
Decision Date:	06/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, California
 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 58 year old male, who sustained an industrial injury on 06/25/2013. On provider visit dated 04/09/2015 the injured worker has reported left shoulder pain. On examination of the left shoulder revealed restricted movements, positive Hawkins test and Positive Neer's test. Shoulder crossover test was positive. The diagnoses have included chronic pain syndrome, pain joint of shoulder, brachial neuritis or radiculitis not otherwise specified, rotator cuff syndrome of shoulder - allied disorder, and shoulder region disorder not elsewhere classified. Treatment to date has included medication, surgical intervention, physical therapy and diagnostic studies. The provider requested refill of Cyclobenzaprine 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been prescribed Flexeril in combination with NSAID for an unknown length of time. The Flexeril as prescribed is not medically necessary.