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| Case Number: | CM15-0239844 | | |
| Date Assigned: | 12/16/2015 | Date of Injury: | 12/05/2014 |
| Decision Date: | 01/25/2016 | UR Denial Date: | 11/23/2015 |
| Priority: | Standard | Application Received: | 12/08/2015 |

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, 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:

This is a 55 year old male patient who suffered an industrial injury on 12-5-2014. The diagnoses included rotator cuff tendinitis and chronic external impingement. Per the doctor's note dated 10-28-2015 he had complaints of the right shoulder pain. He had joint pain with muscle spasms to the right shoulder. Physical exam revealed right shoulder tenderness along with positive impingement signs. The medications list includes Voltaren, Cyclobenzaprine and Tramadol. Cyclobenzaprine had been in use since at least 2-2015. The prior treatments included joint steroid injections and physical therapy. Request for Authorization date was 11-2-2015. The Utilization Review on 11-23-2015 determined non-certification for Retrospective request of Cyclobenzaprine 7.5mg, #60 (DOS 11-2-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request of Cyclobenzaprine 7.5mg, #60 (DOS 11/2/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use, Cyclobenzaprine is more effective than placebo in the management of back pain." According to the records provided the patient had chronic right shoulder pain. He had joint pain with muscle spasms to the right shoulder. Physical exam revealed right shoulder tenderness along with positive impingement signs. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. It is deemed that the Retrospective request of Cyclobenzaprine 7.5mg, #60 (DOS 11/2/2015) was medically necessary to use as prn during acute exacerbation's.