

Case Number:	CM14-0148923		
Date Assigned:	09/18/2014	Date of Injury:	11/06/2012
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41 year-old female with an 11/06/12 date of injury from a slip and fall. The patient was diagnosed with fibromyositis and adhesive capsulitis of the shoulder. 8/15/14 progress note described constant pain on the right shoulder, arm and fingers with pain rate of 6/10. Her pain interfered with sleep. She had right shoulder joint stiffness and depression. She was continuing home exercise program and noticed some muscle spasm. She was taking Naproxen 550 mg PO BID, Omeprazole 20 mg, Colace 100 mg and Cyclobenzaprine 5 mg. Clinically, both upper extremities had muscle tenderness over the trapezius. There was muscle spasm on palpation of the right upper trapezius. Cyclobenzaprine 10 mg was requested. Treatments to date include right shoulder arthroscopic debridement on 6/18/13 and physical therapy (PT). She reported PT helped.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30 with refill-2: 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 Benzodiazepines Page(s): 24.

Decision rationale: Medical necessity for Cyclobenzaprine 5mg #30 with refill-2 is not established. Medical report dated 8/15/14 documented the patient presents with upper extremity pain which brought sleep disturbances. Clinically, there were joint stiffness, tenderness and muscle spasms. A new prescription for Cyclobenzaprine 5 mg with 2 refills was requested. Prior review modified this request from 2 refills to no refills because guidelines supported muscle relaxant for short-term use. Medical reports after the office visit on 8/15/14 were not submitted. The current medical report was not provided and the patient's current response to Cyclobenzaprine was not discussed. CA MTUS guidelines state that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Recommend not medically necessary.