

Case Number:	CM14-0168179		
Date Assigned:	10/15/2014	Date of Injury:	09/24/2013
Decision Date:	11/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Surgery 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:

This is a 50-year-old female who fell off a stepladder at work on 09/24/13. The medical records provided for review documented that the claimant underwent Left Shoulder Arthroscopic surgery in March 2014. The office note dated 09/02/14 noted that the claimant had continued left shoulder pain, low back pain with right greater than left lower extremity symptoms, and that her current medication doses facilitated maintenance of activities of daily living. The claimant recalled a history of at times requiring up to five Hydrocodone prior to taking Tramadol ER and is currently consuming no more than two to three Hydrocodone for breakthrough pain only. She was noted to be using Tramadol 300 mg. per day, which did decrease her somatic pain scores reported by the claimant. It was noted that anti-inflammatories did not facilitate or improve range of motion and there was documentation of a history of gastrointestinal upset with anti-inflammatories. The claimant recalled refractory spasms prior to Cyclobenzaprine on board at current dosing. Spasm was refractory to activity modification, stretching, heat, physical therapy, and home exercises. Cyclobenzaprine decreases spasm for approximately four to six hours facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain. Physical examination revealed tenderness about the left shoulder with limited range of motion. There was tenderness about the lumbar spine and lumbar range of motion was 60 percent of normal flexion, 50 percent of normal extension, 50 percent of bilateral lateral tilt, and 40 percent of left and right rotation. There was a positive straight leg raise at 45 degrees for pain to the left foot pain and distal calf. Spasm of the lumbar paraspinal musculature and deltoid musculature was decreased. The claimant was given a diagnosis of status post-left Arthroscopic Subacromial Decompression performed on 3/17/14 and rule out lumbar intradiscal component.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, quantity #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's desk Reference, 68th ed. www.RX List.com ACOEM-<https://www.acoempracguides.org/Shoulder>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 63-64, and 124.

Decision rationale: The current request is for Cyclobenzaprine 7.5 mg. #90 for a diagnosis of Status Post Left Arthroscopic Subacromial Decompression. The California Chronic Pain Medical Treatment Guidelines recommend that Cyclobenzaprine be used for a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended. The Chronic pain Guidelines note that the greatest effect for Cyclobenzaprine is in the first four days of treatment suggesting that shorter courses may be better. There is limited mixed evidence for continuous chronic use of Cyclobenzaprine. The current recommendations do not permit it for chronic use. Given the fact that documentation suggests that the claimant has been on the medication for some time and appears to be in a chronic regular use setting, the Chronic Pain Guidelines do not support the continued use of Cyclobenzaprine. In addition, there is no documentation suggesting at greater than eight months out from an Arthroscopic Shoulder Subacromial Decompression that Cyclobenzaprine would aid in postoperative progress or increase postoperative function. Based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the continued use of Cyclobenzaprine 7.5 mg. #90 cannot be considered medically necessary.