

Case Number:	CM14-0217341		
Date Assigned:	01/06/2015	Date of Injury:	04/20/2006
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 32 year old worker has a date of injury of 01/26/2009. The mechanism of injury is not given, but the injury resulted in shoulder and lower back pain. In the primary treating physician's progress report (PR2) of 11/34/2014 the injured worker (IW) continued to have right shoulder and low back pain that had no significant improvement since the last examination on 10/28/2014. On physical exam the IW has tenderness, restricted range of motion and positive impingement sign of the left shoulder, The left lateral elbow was tender to palpation with a positive Cozen's/Lateral epicondyle sign, and he had paravertebral muscle tenderness with spasm. No deficit was noted in the lower extremity dermatomes, and the lower extremities had no restriction of motion. Diagnoses at that visit included derangement of joint not otherwise specified of shoulder, lateral epicondylitis, and lumbar radiculopathy. The IW was receiving acupuncture which provided temporary pain relief and there is no mention of chiropractic care, physical therapy or therapeutic injections. There is no history given of surgeries. Current Medications and effects include Naproxen Sodium 550mg, Pantoprazole Sodium, and Cyclobenzaprine 10 mg (changed from Tramadol HCL 50 mg) which provide pain control for work and function. Treatment includes continuation of prior medications, and completion of acupuncture. On 11/25/2014 the provider notes that the IW should go back to regular work. The original request for authorization (ROA) for Naproxen Sodium 550mg #30 and Cyclobenzaprine HCL 10 mg #60 is not included in the medical records, but is documented as received 12/02/2014. Submitted documentation reviewed by the UR physician includes the PR2's from 09/16/2014 to 11/25/2014, and a request for pharmacy authorization dated 11/22/2014. An

attempt to speak with the attending provider was unsuccessful. The UR Decision on 12/09/2014 approved a request for Naproxen Sodium 550mg #30 and denied a request for Cyclobenzaprine HCL 10 mg #60 citing CA-MTUS (California Medical Treatment Utilization Schedule) guidelines as reference. An application for independent medical review (IMR) was made on 12/17/2014 for the denied Cyclobenzaprine HCL 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 32 year old male patient has complained of right shoulder pain and low back pain since the date of injury 1/26/09. He has been treated with acupuncture and medications to include muscle relaxants since at least 07/2014. The current request is for cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not indicated as medically necessary for this patient.