

Case Number:	CM15-0111701		
Date Assigned:	06/22/2015	Date of Injury:	12/29/2011
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on 12/29/2011. She reported right arm pain. Diagnoses have included adhesive capsulitis of shoulder, fibromyositis, chronic pain syndrome, sprain of elbow and forearm and disorder of bursa of shoulder region. Treatment to date has included right shoulder surgery, physical therapy, a Functional Restoration Program and medication. According to the progress report dated 5/5/2015, the injured worker complained of chronic pain around the right shoulder, neck and right arm. She described her symptoms as stable including pain and swelling around the right side of the neck and shoulder and numbness and weakness in the right arm. Physical exam revealed the injured worker to be alert and oriented and less depressed than she had been in the past. Authorization was requested for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for neck, right shoulder, and right upper extremity pain. When seen, her BMI was over 38. She appeared to be less depressed. She was having ongoing difficulty sleeping. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use. The claimant has depression and findings consistent with fibromyalgia for which other treatments are available. The request for cyclobenzaprine is not medically necessary.