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| Case Number: | CM15-0121471 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 08/27/2010 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 35 year old, male who sustained a work related injury on 8/27/10. The diagnoses have included right shoulder rotator cuff tendonitis and severe acromioclavicular joint arthritis. Treatments have included oral medications, Biofreeze topical roll-on gel and home exercises. In the PR-2 dated 5/20/15, the injured worker was last seen in this office on 1/21/15. He states there have been no changes since last visit. He rates his pain level 3-4/10 with medications. He is not working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by XXXXXXXXXX

██████████." Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Long-term use of Cyclobenzaprine is not recommended. This injured worker has used this medication for greater than 8 months. It is noted that Cyclobenzaprine has consistently been requested for refill from visit to visit. There is no documentation that he continues to have muscle spasms or how this medication is helping him with his pain. Since long-term use of Cyclobenzaprine is not recommended, the request for Cyclobenzaprine is not medically necessary.