

Case Number:	CM15-0127097		
Date Assigned:	07/13/2015	Date of Injury:	05/17/2011
Decision Date:	08/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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: California, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 61 year old female, who sustained an industrial injury on 05/17/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right carpal tunnel release, right shoulder pain and dysfunction, residuals after prior arthroscopic surgery, rule out rotator cuff pathology, cervical spinal strain, lumbar spinal strain, status post right shoulder subacromial decompression, debridement, and biceps tenotomy, and high blood pressure. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging arthrogram, above noted procedures, bone scan, and electromyogram with nerve conduction velocity. In a progress note dated 06/10/2015 the treating physician reports complaints of pain to the low back, neck, right wrist, and right shoulder. The injured worker had associated symptoms of swelling to the right wrist along with tingling and loss of sensation to the radial three digits, and the right knee giving out. Examination reveals decreased and painful range of motion to the cervical spine, tenderness to the cervical paravertebral muscles, tenderness to the bilateral trapezii, pain with cervical compression, decreased range of motion to the lumbar spine, tenderness to the lumbar paravertebral muscles, tenderness to the bilateral sacroiliac joints, pain with Kemp's test, pain with straight leg raise, decreased and painful range of motion to the right wrist, and decreased range of motion to the right shoulder. The injured worker's current medication regimen included Flexeril and Menthoderm, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the

use of her medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested Flexeril (Cyclobenzaprine Hydrochloride) 10mg with the quantity unspecified for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine Hydrochloride) 10mg quantity unspecified: Upheld

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

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication long-term, since at least 10/2014. As it is recommended only for Short-term use, medical necessity cannot be affirmed. Furthermore, the quantity to be dispensed is unspecified, and not medically necessary.