MAXIMUS Federal Services

Case Number:	CM15-0127198		
Date Assigned:	07/14/2015	Date of Injury:	11/19/2012
Decision Date:	09/22/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male who sustained an industrial injury on 11/19/12. Of note, the documentation provided for the review was a Qualified Medical Reevaluation dated 5/28/15. The injured worker was diagnosed as having cervical myofascial strain, post-traumatic impingement right shoulder status post right shoulder subacromial decompression with distal clavicle resection, lateral epicondylitis right elbow, right wrist tendonitis, and right sided lumbar radiculopathy, right knee chondromalacia, right calf post-traumatic scarring and status post prior tibia/fibula fracture. Currently, the injured worker was with complaints of pain in the neck, right shoulder, right upper extremity, back and right lower extremity. Previous treatments included status post right shoulder surgery (August 2014), physical therapy, home exercise program, transcutaneous electrical nerve stimulation unit, braces, oral pain medication, Lumbar-Sacral Orthosis and a cane for stabilization. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was noted as receiving Social Security benefits. The injured workers current pain level was not noted. Physical examination was notable for cervical spine with decreased range of motion, tenderness with spasm along left paracervical muscles, lumbar spine with tenderness and spasm on the right paralumbar region with extension to the right sacroiliac joint, tenderness to the right shoulder, right elbow, and right foot over the plantar fascia. The plan of care was for Cyclobenzaprine 7.5 milligrams, quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

Decision rationale: This claimant was injured back in 2012. A QME from 5-28-15 noted cervical myofascial strain, post traumatic impingement of the right shoulder, right knee chondromalacia, lateral epicondylitis of the right elbow, and right wrist tendinitis. There was tenderness, but no spasm noted. The current pain level also was not documented. The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. In addition, it is being used with other agents, which also is not clinically supported in the MTUS.