

Case Number:	CM15-0127673		
Date Assigned:	07/20/2015	Date of Injury:	01/19/2010
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
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 was a 57 year old female, who sustained an industrial injury, January 19, 2010. The injured worker previously received the following treatments Flexeril, Anaprox, Prilosec, right shoulder MRI, left shoulder MRI and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with chronic pain syndrome. myalgia, limb pain, bilateral shoulder pain, bilateral wrist pain, neck pain, unable to rule out rotator cuff tear on the right and cervical degenerative disc disease. According to progress note of May 27, 2015, the injured worker's chief complaint was bilateral shoulder pain and bilateral arm pain. The injured worker rated the 7 out of 10 without mediations and pain 4 out of 10 with mediations. The pain was described as sharp and constant. The pain was aggravated by lifting and alleviated by medications and injections. The injured worker's pain was well controlled with mediations. The TENS (transcutaneous electrical nerve stimulator) unit was helping. The physical exam note limited active range of motion in both shoulder joints. The left shoulder flexion was 0-120 degrees and abduction was 0-120 degrees. The empty can test was positive on the right. The right shoulder flexion was 0-100 degrees and abduction was 0-90 degrees. The impingement sign was positive on the right. The Hawkin's sign was positive on the right shoulder. The upper strength was 5 out of 5 in the upper extremities. The treatment plan included a prescription for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg 1tab q bedtime PRN #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 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. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. 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 since at least 8/2014. There is no documentation of the patients' specific pain level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed.