

Case Number:	CM15-0163118		
Date Assigned:	09/30/2015	Date of Injury:	11/30/2009
Decision Date:	11/10/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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

Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on November 30, 2009. The injured worker was diagnosed as having cervical strain with right radicular symptoms with abnormal magnetic resonance imaging, thoracic strain with the right greater than the left, right shoulder impingement status post surgery with residual, status post right shoulder rotator cuff repair, left shoulder strain with impingement, upper thoracic strain with the right greater than the left, bilateral forearm flexor tendonitis and wrist tendonitis with carpal tunnel syndrome with the right greater than the left, insomnia, depression, and gastroesophageal reflux disease. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, acupuncture, magnetic resonance imaging of the bilateral shoulders, magnetic resonance imaging of the thoracic spine, electromyogram with nerve conduction velocity of the bilateral upper extremities, medication regimen, and above noted procedures. In a progress note dated June 26, 2015 the treating physician reports complaints of continued, persistent pain to the neck and the upper back. Examination performed on June 26, 2015 was revealing for "slight" spasm and tenderness to the paracervical muscles with the right greater than the left, decreased range of motion to the cervical spine, positive Spurling's testing to the right, tenderness to the acromioclavicular and upper deltoid area, decreased range of motion to the bilateral shoulders, tenderness to the bilateral forearms and wrists with the right greater than the left, positive Tinel's testing and Phalen's testing bilaterally, tenderness to the lumbosacral spine, "mild" spasm to the lumbar spine, decreased range of motion of the lumbar spine, and "slight" tenderness and spasm to the parathoracic muscles with the right greater than the left. The injured worker's medication regimen included on June 26, 2015 was Tylenol #4

(since at least March of 2015), Cymbalta (since at least January of 2015), Piroxicam (since at least June of 2013), Prilosec (since at least September of 2011), and Mentherm topical cream (since at least January of 2015). On June 26, 2015 the injured worker's current pain level was rated 9 out of 10 along with the treating physician noting that the injured worker's pain level was rated a 5 out of 10 with the use of her medication regimen and rated the pain an 8 out of 10 without the use of her medication regimen. The medication regimen was also noted to allow the injured worker to perform activities of daily living that included household chores. The treating physician requested Cyclobenzaprine 7.5mg 1-2 tablets daily as needed for muscle spasm with a quantity of 60, but the progress note did not indicate the specific reason for the requested medication. On July 29, 2015 the Utilization Review determined the request for Cyclobenzaprine 7.5mg 1-2 tablets daily as needed for muscle spasm with a quantity of 60 to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1-2 tabs QD as needed for muscle spasm #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. While this medication may be appropriate, the number of tablets requested is not consistent with short term use and is not appropriate. Cyclobenzaprine is not medically necessary.