

Case Number:	CM15-0178320		
Date Assigned:	09/18/2015	Date of Injury:	04/19/2013
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on April 19, 2013. The injured worker was being treated for cervicotrpezial strain, bilateral shoulder impingement syndrome with possible post instability and labral tear right, right flexor tendinitis, right lateral epicondylitis, early bilateral carpal tunnel syndrome associated with bilateral flexor tendinitis, and early bilateral cubital tunnel syndrome bilateral elbows. Medical records (May 22, 2015 to August 6, 2015) indicate ongoing right shoulder pain with limited motion and right trap and neck pain and spasm, persistent bilateral elbow pain with forearm tightness, and occasional parasthesias of the hands. The pain affects the injured worker's sleep, bathing, and grooming. The physical exam (May 22, 2015 to August 6, 2015) reveals non-tender bilateral epicondyles, a mildly positive left Tinel's, negative right Tinel's, negative Phalen's, positive anterior apprehension, negative posterior apprehension, mild sulcus, grossly intact rotator cuff strength, and slightly limited range of motion. Per the treating physician (August 6, 2015 report), electrodiagnostic studies were performed on June 30, 2014, which revealed bilateral mild carpal tunnel syndrome, right greater than left. The treating physician also indicates an MRI of the right shoulder was performed, which did not demonstrate any absolute surgical pathology. The date and reports of the electrodiagnostic studies and MRI were not included in the provided medical records. Treatment has included physical therapy for right shoulder, a home exercise program, psychotherapy, a steroid injection of right carpal tunnel, bracing, a steroid injection of the right shoulder, wrist braces as needed, and medications including muscle relaxant (Cyclobenzaprine since at least April 2015) and non-steroidal anti-inflammatory (Meloxicam). Per the treating

physician (August 6, 2015 report), the injured worker is to return to modified work with restrictions that include no repetitive grip or grasp, no prolonged keyboarding, no overhead work, and no lifting greater than 10 pounds. On August 13, 2015, the requested treatments included Cyclobenzaprine 7.5mg #30. On August 20, 2015, the original utilization review non-certified for Cyclobenzaprine 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: 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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing neck and shoulder pain This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.