

Case Number:	CM15-0076517		
Date Assigned:	04/28/2015	Date of Injury:	02/10/2010
Decision Date:	06/09/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/21/2015

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: Iowa

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:

This 68-year-old woman sustained an industrial injury on 2/10/2010. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 2/15/2012, left shoulder MRI dated 2/14/2012, lumbar spine MRI dated 2/14/2012, thoracic spine MRI dated 2/15/2012, left shoulder CT scan dated 10/8/2014, right shoulder MRI dated 8/29/2014, left shoulder MR arthrogram dated 9/2/2014, cervical, thoracic, and lumbar spine x-rays dated 8/5/2014, AP pelvis x-rays dated 8/5/2014, bilateral knee x-rays dated 8/5/2014, and bilateral shoulder x-rays dated 8/5/2014. Diagnoses include right shoulder partial thickness rotator cuff tear, biceps partial thickness tear, SLAP tear, subscapularis partial thickness tear, and acromioclavicular arthropathy; left shoulder acromioclavicular arthropathy and pain and osteoarthritis; cervical degenerative disc disease with sprain/strain; thoracic degenerative disc disease with sprain/strain; lumbar degenerative disc disease with degenerative scoliosis; left shoulder rotator cuff tear with possible re-tear; and right shoulder impingement syndrome and possible rotator cuff tear. Treatment has included oral medications. Physician notes dated 3/10/2015 show complaints of worsening low back pain rated 8/10, neck pain rated 7-8/10, and bilateral shoulder pain rated 6-8/10. Recommendations include surgical intervention, lumbar cold pack with strap, Norco, Flexeril, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Muscle relaxants, Cyclobenzaprine Page(s): 60-61, 63-66, 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants.

Decision rationale: Cyclobenzaprine is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases, they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the short-term recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. The documentation indicates that the patient continues to have pain and decreased functional status with little improvement. The patient is also on other chronic pain medication, which is not recommended. Therefore, the request for Cyclobenzaprine 10mg #60 is not medically necessary.