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| Case Number: | CM15-0077641 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 07/27/2014 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old female, who sustained an industrial injury on 07/27/2014. The initial complaints or symptoms included bilateral shoulder pain with numbness in the hands from cumulative trauma. The injured worker was diagnosed as having bilateral shoulder strain. Treatment to date has included conservative care, medications, MRIs, and conservative therapies. Currently, the injured worker complains of continued bilateral shoulder pain with the right greater than the left. Current medications include meloxicam. A MRI of the right shoulder (12/14/2014) showed no acute abnormalities. The diagnoses include right shoulder joint pain, left shoulder joint pain, and numbness of the skin. The request for authorization consisted of cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, #20 take one table daily at dinner time as needed: Upheld

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

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

Decision rationale: This 42 year old female has complained of shoulder pain since 7/27/14. She has been treated with physical therapy and medications to include Flexeril for at least 2 months duration. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not medically necessary for this patient.