

Case Number:	CM15-0079115		
Date Assigned:	04/30/2015	Date of Injury:	01/19/2010
Decision Date:	06/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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, 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 64 year old female, who sustained an industrial injury on 1/19/2010. She reported right shoulder pain. The injured worker was diagnosed as having complete rupture of rotator cuff. Treatment to date has included medications, right shoulder surgery, and physical therapy. The request is for Cyclobenzaprine HCL. A PR-2 dated 3/23/2015, revealed she complained of right shoulder pain that is moderate to the right shoulder. She has completed 24 physical therapy sessions after the surgery, and indicates her pain and range of motion to be improved. The treatment plan included: additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 5 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The request is for Cyclobenzaprine 5 mg #30. Date of injury was 2010. MTUS states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for chronic use." MTUS does not recommend long-term use of muscle relaxants and recommends using 3-4 days of acute spasm. Not recommended for greater than 2-3 weeks. This request is not medically necessary.