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| Case Number: | CM15-0079863 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 10/02/2014 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/20/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: 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 56 year old male, who sustained an industrial injury on 10/2/2014. Diagnoses have included rule out right shoulder rotator cuff tear/impingement, right shoulder impending adhesive capsulitis, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain and bilateral knee contusions. Treatment to date has included magnetic resonance imaging (MRI) right shoulder, physical therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 3/16/2015, the injured worker complained of right shoulder pain rated 6/10, cervical pain rated 5/10, thoracic pain rated 3/10 and low back pain rated 5/10. Exam of the right shoulder revealed tenderness, positive impingement signs and positive Jobe test. Exam of the cervical, thoracic and lumbar spine revealed tenderness with limited range of motion. There was diffuse tenderness of the bilateral knees. There was spasm of the lumboparaspinal musculature and right cervical trapezius. Authorization was requested for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 43-44, 63.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine, also known as Flexeril, as a treatment modality. These guidelines recommend cyclobenzaprine as an option, however, only for a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that cyclobenzaprine is being used as a long-term treatment strategy for this patient's pain syndrome. As noted in the above-cited guidelines, long-term use of cyclobenzaprine is not recommended. Therefore, cyclobenzaprine is not considered as medically necessary. The records indicate that a limited amount was authorized to facilitate weaning. This action is consistent with the MTUS guidelines.