

Case Number:	CM15-0097868		
Date Assigned:	05/28/2015	Date of Injury:	09/04/2009
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/20/2015

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: Physical Medicine & Rehabilitation

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 57-year-old female, who sustained an industrial injury on 09/04/2009. She has reported injury to the right shoulder, right upper extremity, and left lower extremity. The diagnoses have included shoulder-hand syndrome; reflex sympathetic dystrophy of the upper limb; right shoulder joint pain; brachial radiculitis; chronic pain syndrome; and reflex sympathetic dystrophy of the lower extremity. Treatment to date has included medications, diagnostics, aquatic therapy, physical therapy, psychotherapy, functional restoration program, and home exercise program. Medications have included Celebrex, Cyclobenzaprine, Lidoderm patch, Lyrica, and Prilosec. A progress note from the treating physician, dated 04/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right upper extremity shoulder to elbow; pain starts at right shoulder blade and then radiates to the right hand; shoulder popping and recent swelling; pain with any touching of the right upper extremity; joint stiffness of the right shoulder, right wrist, and right elbow; left lower extremity with burning pain that is increased with any contact; working full-time; she has had several flares in the past few months requiring Medrol pack and time off of work; she has been having spasms and reports Flexeril has worked well in the past; and she has completed the functional restoration program and continued to use techniques and skills. Objective findings included not able to sit with the right shoulder blade against the chair; guarding and protecting the affected limb; antalgic gait favoring the left; forward flexed body posture; and compression stocking present on left lower extremity. The treatment plan includes the request for Cyclobenzaprine 5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: 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): 63-66.

Decision rationale: According to the 04/17/2015 report, this patient presents with burning, shooting and throbbing right upper extremity pain. The current request is for Cyclobenzaprine 5mg #90. The request for authorization is on 04/21/2015 and the patient's work status is not included in the file for review. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #90 and it is unknown exactly when the patient initially started taking this medication. Cyclobenzaprine is not recommended for long-term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.