

Case Number:	CM15-0098383		
Date Assigned:	05/29/2015	Date of Injury:	10/02/2014
Decision Date:	07/02/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/21/2015

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: Arizona, 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 female, who sustained an industrial injury on 10/2/14. She reported pain in the back, neck, right shoulder, bilateral hands, elbows, and knees. The injured worker was diagnosed as having chronic right shoulder impingement with adhesive capsulitis and lumbar myofascial pain rule out lumbar discogenic injury. Treatment to date has included physical therapy, home exercise, chiropractic treatment, massage, TENS, and medication. The injured worker had been taking Cyclobenzaprine since at least 1/12/15. Currently, the injured worker complains of right shoulder pain, stiffness, and weakness. Low back pain and radicular pain were also noted. The treating physician requested authorization for Cyclobenzaprine 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with NSAIDS and Tramadol. Chronic use of Flexeril is not medically necessary.