

Case Number:	CM13-0010517		
Date Assigned:	01/03/2014	Date of Injury:	03/30/2012
Decision Date:	03/18/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male with date of injury on 03/30/2012. The progress report dated 06/07/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Bilateral shoulder rotator cuff injury, (2) Myofascial pain syndrome, (3) Bilateral shoulder lateral epicondylitis, (4) Possible tendinitis and tear, (5) Repetitive strain injury, (6) Depression, (7) Shoulder, neck, low back pain likely industrial related due to overcompensation of knee injury. The patient continues to complain of significant right knee pain. He also complains of shoulder pain, neck pain, and low back pain. Exam findings indicated tenderness in the elbow and forearm. There is a well-healed surgical scar in the right. There is positive impingement test of both shoulders. Local tenderness in the elbow, lateral epicondyle region. There is positive empty-can test to the shoulder. A request was made for the patient to have Flexeril for muscle spasms. The dose and quantity was not mentioned. Utilization review letter dated 08/01/2013 issued non-certification of this request. Utilization Review indicates that patient was started on Flexeril on 01/04/2013 and continuation of this medication was denied as far back as 02/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Flexeril: Upheld

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

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

Decision rationale: The patient continues with pain in multiple areas including the right knee, neck, bilateral shoulders, and bilateral elbows. MTUS Guidelines page 64 regarding Flexeril recommends this medication for short courses of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. I was able to locate 4 progress reports between 02/20/2013 and 06/25/2013 which discussed the usage of Flexeril for muscle spasm. The treating physician did not provide documentation of the dose or frequency of use of this medication. It is unclear if the patient has recently undergone a recent flare-up or if this is a request for continued long-term therapy. However, medical necessity cannot be recommended for this medication without identification of the recommended dose and quantity of medication prescribed. Therefore, recommendation is for denial.