

Case Number:	CM13-0018390		
Date Assigned:	10/11/2013	Date of Injury:	09/13/2006
Decision Date:	01/14/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery, 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 41-year-old gentleman injured in a work related accident on 09/13/06. Recent clinical assessment for review dated 09/17/13 with treating physician [REDACTED] showed subjective complaints of continued neck and left upper extremity pain. He states there are underlying comorbidities with a noted history of congestive heart failure as well as increased pain about the left index finger. Physical examination showed tenderness with trigger points over the neck, posterior shoulders, and left upper extremity with motor sensory examination intact and range of motion to the left shoulder noted to be "good". The claimant was given the following diagnosis: Left shoulder rotator cuff syndrome, and Myofascial pain syndrome. At that time, he was to continue with medications in the form of Lidoderm patches, Neurontin, Nortriptyline, and Flexeril. The Flexeril was prescribed in 10 mg tablets, three tablets at night for myofascial pain. It is documented that the claimant has been utilizing Flexeril for quite some time. Clinical imaging and further treatment in regard to the claimant's shoulder is not documented. Previous testing in this case includes prior electrodiagnostic studies from 05/02/12 to the upper extremities that showed prolongation of the left median sensory latency consistent with a mild left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective medication: Flexeril 10 mg 3 tabs every night at bedtime #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of muscle relaxants would not be indicated. Muscle relaxants are only recommended as a second line option as a short term treatment of musculoskeletal complaints. They are typically not recommended beyond four weeks' duration of time. The claimant's injury in this case dates back greater than seven years and the chronic use of this short acting muscle relaxant would not be indicated per clinical guidelines.