

Case Number:	CM13-0027510		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2002
Decision Date:	02/20/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Medicine and is licensed to practice in Ohio and Texas. 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 63 year old female who reported a work related injury on 01/14/2002. The patient presents for treatment of the following diagnoses: cervical disc disease, postlaminectomy pain syndrome, and supraspinatus tendinopathy of the right shoulder. The clinical note dated 12/05/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes Norco 10/325 one by mouth q. 8 hours, Cymbalta 60 mg 1 by mouth q. day, Gabapentin 300 mg 2 tabs by mouth at bedtime, meloxicam 15 mg 1 tab by mouth q am, and Effexor XR 75 mg 1 by mouth q am. The clinical note documents the patient reports increase in tremors of the hands and cervical spine. Upon physical exam of the patient, the provider documents upper extremity strength is equal throughout and range of motion of the cervical spine continued to be limited in all directions. Upon palpation, the patient had tenderness in the cervical spinous processes and right scapular region of the back. No tremors were present upon exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 po q 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The current request is not supported. California MTUS indicates Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use of this medication. Given the lack of documentation evidencing duration of use for this medication, the request for Flexeril 10mg 1 po q 12 hours for muscle spasms is not medically necessary or appropriate.