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| Case Number: | CM13-0035082 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 09/03/2007 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/24/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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 Internal Medicine and Cardiology, has a subspecialty in Fellowship Training in Cardiovascular Disease and is licensed to practice in 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 57-year-old female who reported an injury on 09/03/2007. The mechanism of injury was not provided for review. The patient's injury resulted in a left shoulder arthroscopy. This was followed by postoperative physical therapy and medication management. The patient's most recent clinical findings included limited lumbar range of motion and tenderness to palpation over the paraspinal musculature at the L4-S1 level. The patient's medications included Lidoderm patches, cyclobenzaprine, ibuprofen, pantoprazole and tramadol. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's diagnoses included status post left shoulder surgery, status post right shoulder surgery and chronic pain. The patient's treatment plan was to continue medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg (90 QTY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 60, 44.

Decision rationale: The prospective request for Flexeril 7.5 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California Medical Treatment Utilization Schedule only recommends this medication for short courses of therapy for up to 4 weeks. As this patient has been on this medication for an extended duration, continued use would only be able to be supported by functional benefit and symptom relief. The clinical documentation submitted for review does not provide any evidence of functional benefit or symptom relief related to this medication. Additionally, as it is only recommended for short courses of therapy, the requested quantity of 90 would exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested Flexeril 7.5 mg (Quantity: 90.00) is not medically necessary or appropriate.