

Case Number:	CM14-0008963		
Date Assigned:	02/14/2014	Date of Injury:	08/06/2012
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 73-year-old male who has submitted a claim for left rotator cuff impingement, bilateral wrist strain and cervical radiculopathy; associated with an industrial injury date of 08/06/2012. Medical records from 12/10/2012 to 01/10/2014 were reviewed and showed that patient complained of right shoulder pain aggravated by overhead activities, and sacroiliac joint area pain with muscle spasms. A physical examination showed spasms of the right lumbar paraspinal muscles. The patient decreased range of motion of the right shoulder was noted. The patient's FABER, Gaenslen's, and compression tests were positive. Motor and sensory testing were unremarkable. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation (TENS), epidural steroid injection (ESI), SIJ injection, left shoulder replacement, left carpal tunnel release, and left ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) chapter.

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Flexeril since at least January 2013. The medical records submitted for review do not show objective evidence of functional benefits of Flexeril use. Furthermore, long-term use of Flexeril is not recommended. Therefore, the request for Flexeril 7.5 mg, #90 is not medically necessary.