

Case Number:	CM14-0101699		
Date Assigned:	07/30/2014	Date of Injury:	06/19/2008
Decision Date:	09/10/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 34-year-old male was reportedly injured on 6/19/2008. The mechanism of injury was noted as auto/pedestrian accident. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of neck pain, low back pain, and right shoulder pain. The physical examination demonstrated spine normal station and gait. Spine was midline with tenderness in the cervical/lumbar musculature. Cervical range of motion was limited in all planes with pain. Lumbar range of motion was limited with complaints of pain at all ranges. Straight leg raise was negative. Sensory/motor exam of bilateral upper and lower extremities within normal limits. Right shoulder range of motion within normal limits with pain at all ranges. Impingement testing elicited right shoulder pain. No recent diagnostic studies are available for review. Previous treatment included functional restoration program, (HELP) program, hand immobilizer, physical therapy, and medications. A request was made for Flexeril 10 mg #60 and was not certified in the pre-authorization process on 6/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg QTY 60: 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 Page(s): 41, 64 of 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants (Flexeril) for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.