

Case Number:	CM14-0107941		
Date Assigned:	08/01/2014	Date of Injury:	12/05/2011
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured on 12/5/11. He was diagnosed with right a shoulder injury, elbow pain, elbow tendon tear, and elbow medial epicondylitis. He was treated with physical therapy, as well as medications that included; muscle relaxants, NSAIDs and topical analgesics. The worker was also treated with surgery of the right shoulder subacromial decompression, resection of long head biceps tendon, rotator cuff repair, right elbow extensor tendon debridement, and ulnar nerve decompression at the cubital tunnel. On 4/17/14, the worker was seen by his treating physician complaining of his usual right elbow and right shoulder pain. Physical examination revealed tenderness of the paraspinal region. He reported taking Prilosec, Voltaren ER, and Flexeril on a regular basis which helped his pain and allowed him to function He was then given a refill on these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66 Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that, "using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence." The chronic and regular use of Flexeril is not appropriate. Also, there was no evidence to suggest that he was experiencing a flare-up near the time of the request that might justify a short course of this medication. Therefore, the Flexeril is not medically necessary.