

Case Number:	CM14-0114303		
Date Assigned:	08/04/2014	Date of Injury:	10/01/2012
Decision Date:	09/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/22/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services 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 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 injured worker is a 27-year-old male who reported an injury on 10/01/2012. The mechanism of injury was not provided for clinical review. The diagnoses included left shoulder pain, status post left shoulder arthroscopy. The previous treatments included medication, surgery, and physical therapy. Within the clinical note dated 06/23/2014, it was reported the injured worker complained of left shoulder pain. He rated his pain 7/10 to 8/10 in severity. He described the pain as sharp, stabbing pains and burning sensation. Upon the physical examination, the provider noted the left shoulder range of motion was flexion at 140 degrees and extension at 40 degrees. The provider noted the injured worker had tenderness to palpation of the AC joint, sensitive to touch. The provider requested additional physical therapy and Flexeril. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION FLEXERIL 10 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The MTUS Guidelines recommend nonsedating muscle relaxants with cautions as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 06/2014, which exceeds the guideline recommendations of short term use of 2 to 3 weeks. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request for Flexeril 10 mg #60 is not medically necessary.