

Case Number:	CM14-0159056		
Date Assigned:	10/02/2014	Date of Injury:	01/10/2010
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine and is licensed to practice in New York. 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 54 year old man with a date of injury of 1/10/10. He was seen by his primary treating physician on 8/11/14 for pain management follow up. He had pain in his right hip /buttocks / posterior thigh and numbness in his anterior thigh and bilateral upper extremities. He also reported severe back pain with occasional spasms. He was taking norco, ketoprofen and flexeril; the medications improve his pain and allow him to walk longer and complete chores. His exam showed he was agitated. He was tender to palpate throughout his left shoulder, left biceps tendon and right lateral hip. He had decreased left shoulder range of motion limited by pain. He as tender over his right medial epicondyle with 4+/5 grip strength bilaterally and positive Tinel's over the right cubital tunnel. He had pain with internal and external rotation of his right hip. His diagnoses were status post left shoulder surgery repair, left biceps tendon rupture, right forearm flexor tendon rupture, chronic pain syndrome, right ulnar neuropathy and right carpal tunnel symptoms. At issue in this review is the request for flexeril prescription for severe spasms. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

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

Decision rationale: This injured worker has chronic pain with an injury sustained in 2010. His medical course has included use of several medications including narcotics, NSAIDs and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit of 9/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. He also does not have spasms documented on his physical exam. The medical necessity of cyclobenzaprine is not substantiated in the records.