

Case Number:	CM14-0159128		
Date Assigned:	10/02/2014	Date of Injury:	10/22/2013
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
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 Pain Management 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 injured worker is a 34 year old male who sustained an injury on October 22, 2013. He is diagnosed with (a) shoulder pain and (b) cervical strain. He was seen for an evaluation on September 19, 2014. He presented with complaints of neck pain and right shoulder pain. The pain was rated 3/10 with medications and 5/10 without medications. An examination of the cervical spine revealed no cervical lordosis, asymmetry, or abnormal curvature. His range of motion was restricted. There were spasms and tenderness over the paravertebral muscles on the right side. An examination of the right shoulder revealed no swelling, deformity, joint asymmetry, or atrophy. The range of motion was limited. The Hawkin's test and Neer's test were positive. The drop arm test was positive as well. Tenderness was present over the acromioclavicular joint, biceps groove, subdeltoid bursa, and over the right pectoralis region, medial to the right scapula.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 5mg #30: Upheld

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

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

Decision rationale: The request for Flexeril 5 mg #30 is not medically necessary at this time. It has been determined from the medical records that the injured worker has been taking Flexeril since June 2014. This medication is recommended only as an option for a short course of therapy. More so, it has been noted as well in a progress note dated May 23, 2014 that cyclobenzaprine was listed under failed medications. Hence, continued use of Flexeril 5 mg #30 is not in accordance with the guidelines.