

Case Number:	CM14-0173948		
Date Assigned:	10/27/2014	Date of Injury:	06/07/2011
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgery, 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 46 year old female with a date of injury on June 7, 2011. She was employed as a sales clerk at the time of injury. She reported injury to the right shoulder lifting a barbeque grill that was outside to bring it in for the night. Past surgical history was positive for three right shoulder arthroscopic surgeries on October 6, 2011, August 27, 2012, and May 17, 2013. She underwent right shoulder diagnostic and operative arthroscopy with subacromial decompression, acromioplasty, resection of the coracoacromial ligament, subacromial/subdeltoid bursectomy, distal clavicle revision, and debridement of a partial rotator cuff tear on January 24, 2014. Operative findings noted rotator cuff bursal scarring, grade 2 glenoid osteoarthritis, and biceps tenosynovitis. Records indicated that the injured worker had been using Flexeril since at least mid-2013 for difficulty sleeping due to muscle spasms in her shoulder and trapezius muscle area. The July 14, 2014 right shoulder magnetic resonance arthrogram showed postsurgical changes, intact rotator cuff, status post repair biceps tendinosis, and subacromial scar tissue extending down the infraspinatus tendon. The September 15, 2014 progress report indicated the injured worker had completed approximately 24 sessions of post-op physical therapy. She still had limited range of motion and strength with swelling. She continued to use the Dynasplint with stretching. Range of motion was limited to flexion 142, abduction 130, external rotation 83 and internal rotation 40 degrees with 4/5 strength. The injured worker reported her pain was not controlled and a pain management referral was recommended. Additional physical therapy was recommended for 12 visits. The September 25, 2014 utilization review indicated that Flexeril 10 mg #30 was not medically necessary as it was being used for long-term management and recommended weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41-42,63-65.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in injured workers with chronic lower back pain. Treatment should be brief. Flexeril is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met for continued use. Records indicate that this medication has been prescribed since at least mid-2013. There is no documentation of specific functional benefit associated with the injured worker's use of this medication. Given the absence of guideline support beyond 2 to 3 weeks, discontinuation is indicated. Therefore, this request is not medically necessary.