

<b>Case Number:</b>	CM14-0020340		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 45-year-old woman who sustained a work-related injury on September 4, 2012. Subsequently, she developed with chronic neck and shoulder pain. The patient was treated with pain medications and topical analgesics. The according to the note dated on September 26, 2013, and the patient reported persistent neck pain with muscle spasm, stiffness, headaches and pain in the left shoulder radiating to the right arm. Her physical examination demonstrated the cervical tenderness, tenderness to in the shoulder girdle and the trapezius bilaterally. There is a positive impingement sign of the left shoulder with reduced range of motion. Similar findings were reported and the notes of October 11, 2013, November 5, 2013 and December 6, 2013. According to the report dated on January 13, 2014, the provider reported that the patient gained most of the range of motion. Her MRI of the left shoulder performed on January 31, 2013 demonstrated cystic signal measuring approximately 5 mm at the upper scapula. The patient was diagnosed with the cervical sprain with facet syndrome, bicipital tendinitis of the left shoulder, element of depression and sleep issues. The patient was treated with tramadol, Flexeril, Effexor, Naproxen, topical analgesics. Flexeril was prescribed at least since September 2013. The provider requested authorization to use cervical collar with gel, ergonomic evaluation and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL COLLAR WITH GEL QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical collar is not recommended for chronic cervical complaints including neck sprain. Furthermore and according to the provider's January note, the patient's neck condition and range of motion significantly improved and there is no rationale to justify the prescription of a collar. Therefore, the prescription of a cervical collar with gel is not medically necessary.

**FLEXERIL 7.5 MG QTY 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

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

**Decision rationale:** According to MTUS guidelines, Flexeril a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril 7.5 mg is not justified. The patient was prescribed Flexeril at least since September 2013 and there is no rationale for continuous use of the drug. Therefore, the request of Flexeril 7.5mg is not medically necessary.

**ERGONOMIC EVALUATION QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 29.

**Decision rationale:** An ergonomic evaluation is a part of the work history in the section of exposure and protection. This evaluation should be a part of the physical examination and not a separate service. Therefore, the request is not medically necessary.