

Case Number:	CM14-0038948		
Date Assigned:	06/27/2014	Date of Injury:	09/19/2003
Decision Date:	08/13/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 an analyst who sustained bilateral hand, arm, neck and right shoulder injuries on 3/19/03. The records indicate ongoing chronic pain since that injury with the most significant symptoms being right shoulder and neck pain. He would require right shoulder arthroscopic surgery in 2013. He continues to have persistent neck and right shoulder pain. He is on chronic pain medication and has used Flexeril has a chronic anti-spasmodic medication. The medical records show approved prescriptions for Flexeril #60 on 9/11/13, #30 on 11/6/13, and #60 on 11/25/13. The treatment note from the primary treating physician on 3/7/14 also indicates that he continues to use Flexeril 10 mg daily, apparently dispensed by the physician. Utilization review on 3/26/14 did not approve Flexeril 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-spasmodics, cyclobenzaprine (Flexeril), page 64 Page(s): 64.

Decision rationale: The MTUS notes that cyclobenzaprine (Flexeril) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Flexeril is not recommended to be used for longer than 2-3 weeks. The records indicate use of Flexeril over several months prior to this request. Since this medication is not indicated for long-term treatment the request for Flexeril 10 #60 is not medically necessary.