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| Case Number: | CM14-0050063 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 06/06/2011 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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 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:

This case involves a 42 year old male who submitted a claim with the date of injury of 06/06/2011 for the following: right shoulder adhesive capsulitis and residual pain; cervical sprain/strain with herniated nucleus pulposus of C5-6 and C6-7; L5-S1 degenerative disc disease with herniated nucleus pulposus of L3-4, L4-5 and L5-S1 with nerve root impingement and pressure on the thecal sac; degenerative disc disease and degenerative joint disease of L1-S1; and left shoulder overuse with impingement secondary to posttraumatic arthrosis of the acromioclavicular joint. The medical records from 2013 - 2014 were reviewed. The latest report dated 04/10/2014, revealed that the injured worker still has moderate neck pain, moderate bilateral shoulder pain, and moderate bilateral wrist pain. In addition, he reports having severe low back pain and moderate mid back pain. The physical examination revealed limitation in range of motion of bilateral shoulders with flexion to approximately 150 degrees, abduction to approximately 130 degrees, extension to approximately 30 degrees, internal rotation to approximately 60 degrees and external rotation to approximately 60 degrees. The patient stopped on abduction because of acromioclavicular joint pain as well pain in the acromioclavicular joints bilaterally. Treatment to date has included right rotator cuff repair (11/2/11), right partial claviclectomy, repair of the distal biceps tendon tear with residual weakness (7/5/11), physical therapy, chiropractic treatment, acupuncture, inferential unit, lumbar support, brace, home exercise program, and medications, which include tramadol, Tylenol, Naprosyn and Flexeril. Utilization review from April 16, 2014 partially certified the retrospective request (DOS: 3/31/14) for Flexeril 7.5mg #90 to generic Flexeril 7.5mg #20 (DOS: 3/31/14), and denied the request for Flexeril 7.5mg #90. Reasons for modification and denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 3/31/14) for Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The addition of Cyclobenzaprine to other agents is not recommended. The patient has been on Cyclobenzaprine since March 2014 for spasm as well as oral non-steroidal anti-inflammatory drug (NSAID). There is no clinical finding that supports adjunct treatment with Cyclobenzaprine. Therefore, the retrospective request (DOS: 3/31/14) for Flexeril 7.5mg #90 was not medically necessary.

Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The addition of Cyclobenzaprine to other agents is not recommended. The patient has been on Cyclobenzaprine since March 2014 for spasm as well as oral non-steroidal anti-inflammatory drug (NSAID). There is no clinical finding that supports adjunct treatment with Cyclobenzaprine. Moreover, extension of treatment is beyond guideline recommendation. Therefore, the request Flexeril 7.5mg #90 is not medically necessary.