

Case Number:	CM14-0055765		
Date Assigned:	07/09/2014	Date of Injury:	10/30/2003
Decision Date:	08/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 year old male with an injury date of 10/30/13. Based on the 04/04/14 progress report provided by [REDACTED], the patient complains of bilateral shoulder pain, rating it as a 7/10. Examination found tenderness to palpation in the bilateral shoulders, cervical paraspinals and trapezius muscles. He is also fighting a viral illness. The patient's diagnoses include the following: 1.s/p right shoulders surgery (2003) 2.carpal tunnel release 3.bilateral carpal tunnel syndrome [REDACTED] is requesting for an unknown prescription of Flexeril. The utilization review determination being challenged is dated 10/30/13. [REDACTED] is the requesting provider, and she provided two treatment reports from 04/04/14 and 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page 64.

Decision rationale: According to the 04/04/14 report by [REDACTED], the patient complains of bilateral shoulder pain. The request is for an unknown prescription of Flexeril. According to the MTUS guidelines, cyclobenzaprine's are not recommended to be used for longer than 2-3 weeks. There is no indication of when the patient began taking Flexeril. The patient may be taking this medication on a long-term basis which is not within MTUS guidelines. Due to lack of documentation, recommendation is for not medically necessary.