

Case Number:	CM14-0061913		
Date Assigned:	07/09/2014	Date of Injury:	02/25/2014
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 39-year-old female who reported an injury on 02/25/2014. The mechanism of injury was not provided for clinical review. Treatments include chiropractic sessions, physical therapy, and acupuncture. Within the chiropractic note dated 06/24/2014 reported the injured worker complained of mild intermittent stiffness, aching, sharp pain, and tingling. She rated her pain 2/10 in severity. On the physical examination, the provider noted overhead posture, moderate pain with fixation and myalgia were detected during palpation over the lower cervical/upper thoracic spine. The provider noted that the injured worker had trigger points and muscle spasms in the right shoulder. The request was for Flexeril 5 mg. However, the rationale was not provided for clinical review. The Request for Authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rx Flexeril 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The injured worker complained of mild intermittent stiffness, aching, sharp pain, and tingling. She rated her pain 2/10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended for longer than 2 to 3 weeks. There is a lack of significant documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 2013. This exceeds the guidelines recommendation of short term use of 2 to 3 weeks. Therefore, the request for Rx Flexeril 5 mg is not medically necessary and appropriate.