MAXIMUS Federal Services

Case Number:	CM14-0069117		
Date Assigned:	07/14/2014	Date of Injury:	01/08/2011
Decision Date:	08/28/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/14/2014

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 32-year-old female with an injury date of 01/18/2011. According to the 02/25/2014 progress report, the patient complains of left shoulder pain which was rated as an 8/10. The patient has abnormality of the arm, elbow, forearm, wrist, and hand noted. The left elbow is tender to palpation globally, with the area adjacent to lateral epicondyle extremely sensitive to even the lightest touch. She has an altered upper extremity sensation and a diminished sensation between her thumb and index finger of her left hand. On 06/06/2013, the patient had a left shoulder subacromial injection and a left shoulder intraarticular injection, on 06/24/2013, the patient had a stellate ganglial block at T1 and C7 levels on the left side (the patient had #1 of 3 on 06/24/2013, #2 of 3 on 07/01/2013, and #3 of 3 on 07/08/2013), on 08/20/2013, the patient had a left lateral epicondyle injection at the left elbow. The patient's diagnoses includes the following, UNS neuralgia neuritis/radiculitis and Muscle spasms. The request is for 1 prescription of Flexeril 10 mg #60. The utilization review determination being challenged is dated 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexaril 10 mg. # 60: 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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Muscle relaxants (for pain) Page(s): 64, 63.

Decision rationale: According to the 02/25/2014 progress report, the patient presents with left shoulder pain. The request is for 1 prescription of Flexeril 10 mg #60. MTUS Guidelines recommend using Flexeril for no more than 2 to 3 weeks, and in most cases, 3 to 4 days only for short-term use. The treating physician has requested the patient to take Flexeril 1 tablet by mouth twice a day as needed. The request of 60 tablets of Flexeril exceeds the 2 to 3 weeks that is recommended by MTUS Guidelines therefore, this request is not medically necessary.