

Case Number:	CM14-0069492		
Date Assigned:	07/14/2014	Date of Injury:	08/09/2011
Decision Date:	08/28/2014	UR Denial Date:	04/29/2014
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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 43 year old male was reportedly injured on August 9, 2011, the mechanism of injury is undisclosed. The most recent progress note dated April 3, 2014 indicated that there were ongoing complaints of left shoulder and wrist pains. The physical examination demonstrated full range of motion of the left shoulder with tenderness over the anterior aspect. There was a negative Hawkins test and Neer's test as well as a normal neurological examination of the left upper extremity. A diagnostic imaging study of the left shoulder revealed mild osteoarthritis of the Acromioclavicular Joint (AC) but was otherwise normal. Previous treatment included a Left Carpal Tunnel Release, Left Shoulder Surgery, Physical Therapy, and a Shoulder Injection. A request was made for Flexeril and was not certified in the preauthorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 705mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are indicated as a second line option for the short term treatment of acute exacerbation of chronic low back pain. According to the most recent progress note the injured employee did not have any complaints of acute exacerbation nor were there any spasms present on physical examination. For these reasons this request for Flexeril is not medically necessary.