

Case Number:	CM14-0073032		
Date Assigned:	07/16/2014	Date of Injury:	06/15/2004
Decision Date:	08/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 64-year-old male who reported an injury on 06/15/2004. The injury reportedly occurred when he was pruning with shears he felt a pop and an electrical shock in his left shoulder. His diagnosis is postsurgical derangement of the right shoulder joint. His previous treatments included medications, surgery, trigger point injections, and physical therapy. Per the clinical note dated 04/23/2014, the injured worker reported he was in for pain management and he was having good pain control with his current regimen. He denied any GI upset, sedation, or hallucinations. On physical examination of the right shoulder, the physician reported flexion was 95 degrees, abduction 95 degrees, and extension 25 degrees. The physician's treatment plan included prescriptions for Flexeril 10 mg at bedtime and Norco 10/325 mg twice a day. The current request is for Flexeril 10 mg #30 1 PO QHS. The rationale for the request was not provided. The request for authorization was provided on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30 one PO QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended with caution as second line option for short term treatment for acute exacerbations of pain in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy and is not recommended to be used for longer than 2 to 3 weeks. The clinical documentation provided indicated the injured worker reported his current medication regimen was controlling his pain. However, the clinical documentation provided failed to indicate that a pain examination was performed at the visit to indicate the patient's pain level and if the patient had decreased pain with the medication or functional improvement. The documentation also failed to indicate if the patient had muscle tension and where the tension was located. The Guidelines state muscle relaxants show no benefit beyond NSAIDs in pain control and overall improvement and Flexeril is only recommended for short courses of therapy. Additionally, it is unclear in the documentation how long the injured worker had been taking the prescribed medication Flexeril and the efficacy of the medication. As such, the request for Flexeril 10 mg #30 1 PO QHS is not medically necessary and appropriate.