MAXIMUS Federal Services

Case Number:	CM14-0077918		
Date Assigned:	07/18/2014	Date of Injury:	05/08/2007
Decision Date:	11/20/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 injured worker is a 65 year old individual injured on May 3, 1997 due to a fall. Clinical note, dated June 25, 2014, indicate the injured worker complains of right shoulder pain. Pain with medications is rated 6 out of 10 on the visual analog scale (VAS). The injured worker states the current medication regimen is working well. Medications include oxycontin 20mg twice daily, Norco 10/325 one daily as needed, gabapentin 600mg twice daily, Celebrex 200mg once daily as needed, Celexa 20mg twice daily, Silenor 3mg every evening, Colace 100mg twice daily, Flexiril 20mg once daily as needed, and Senna one daily as needed. The injured worker states Flexiril is effective in reducing severity and frequency of spasms and improves his ability to perform household chores. Physical exam of the right shoulder reveals restricted movement, flexion 45 degrees and is limited by pain. Extension limited by pain to 10 degrees, abduction limited by pain to 40 degrees, passive elevation limited by pain to 45 degrees. Hawkin's and Neer's Tests are positive. Drop arm test is positive. On palpation, tenderness is noted in the biceps grove. MRI of the right shoulder, dated August 2007, revealed evidence of recurrent supraspinatus tear. The injured worker has had several surgeries on the right shoulder, one of which includes right shoulder arthroscopy in December 2006. The request for Flexeril (brp) 10mg #60 was denied in prior utilization review, dated May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (brp) 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no evidence of home exercise including stretching. It is not clear how long the IW has been taking Felexeril as chronic use of this medication is not recommended per guidelines. Therefore, the medical necessity of the request is not established per guidelines.