

Case Number:	CM14-0187327		
Date Assigned:	11/17/2014	Date of Injury:	05/09/2009
Decision Date:	01/06/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/10/2014

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 Pain Management 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:

This is a female patient with the date of injury of May 9, 2009. A Utilization Review dated October 25, 2014 recommended non-certification of Flexeril 7.5mg, 60 tablets. A Follow-up Evaluation identifies Subjective Complaints of cannot raise her arm past 90 degrees and has pain. Objective Findings identify tenderness along the rotator cuff is noted. Abduction is 90 degrees, although passive with quite a bit of pain and can get to 110 degrees. Weakness to resisted function is being noted as well. Diagnoses identify impingement syndrome of shoulder on the right side, status post decompression, distal clavicle excision, biceps tendon release and rotator cuff repair indeed with persistent symptomatology; internal derangement of the knee on the left with MRI subsequent to surgery showing attenuation of the anterior cruciate ligament and grade II to grade III chondromalacia along the patella; and discogenic lumbar condition with MRI showing multilevel disc disease. Treatment Plan identifies Flexeril 7.5mg (#60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.