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| Case Number: | CM14-0197652 | | |
| Date Assigned: | 12/05/2014 | Date of Injury: | 03/10/2011 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 Rehab, 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 59-year old male with an injury date on 3/10/11. The patient complains of ongoing left-sided cervical pain, shoulder girdle pain, frequent headaches that radiate to the base of the skull behind his left eye, with pain rated 9/10, and 4/10 with medications per 10/30/14 report. The patient has occasional blurred vision, and no visual acuity in the right eye per 10/30/14 report. The patient reports a 50% reduction in his pain and 50% functional improvement with ADLS with medications per 9/30/14 report. Based on the 10/30/14 progress report provided by the treating physician, the diagnoses are: 1. history of multiple rib fx, left thorax, intercostal neuralgia with osteochondritis with re-aggravation due to recent fall again with sustained re-fractures in the left rib cage area. He has a history of a chest tube placement secondary to pneumothorax, now stable. 2. History of cervical s/s with underlying spondylosis per imaging studies with chronic neck pain. 3. History of left shoulder girdle s/s with rotator cuff tear with chronic tendinopathy and limited range of motion. 4. History of cubital release, left elbow with ongoing symptoms. 5. History of trigger finger right hand, long finger, 3rd digit. 6. Lumbosacral s/s with Coccydynia, chronic. 7. Headaches related to closed head injury with postconcussive syndrome. 8. Visual loss, right eye, due to injury as well. 9. History of six retinal surgeries due to retinal detach in the right eye with visual loss resulting. He also has cataract complications from cataract surgery right eye as well. 10. History of nonindustrial hypertension. A physical exam on 10/30/14 showed C-spine range of motion is limited in all planes, and left shoulder range of motion is limited. L-spine has limited range of motion with extension 10 degrees. The patient's treatment history includes medications, urine drug screen, and home exercise program including yoga. The treating physician is requesting flexeril 10mg #60. The utilization review determination being challenged is dated 11/18/14. The requesting physician provided treatment reports from 4/1/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Muscle relaxants (for pain) Page(s): 41-42, 63-66.

Decision rationale: This patient presents with neck pain, shoulder pain, and headaches. The treater has asked for FLEXERIL 10MG #60 but the requesting progress report is not included in the provided documentation. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.