

Case Number:	CM15-0000679		
Date Assigned:	01/12/2015	Date of Injury:	04/20/2005
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 62 year old female suffered an industrial injury on 4/20/05, with subsequent ongoing bilateral shoulder pain. Treatment included right shoulder replacement, left shoulder arthroscopic repair, medications, TENS, physical therapy and home exercise program. In a PR-2 dated 12/3/14, the injured worker complained of bilateral shoulder pain 6/10 on the visual analog scale. The injured worker rated her pain without medications at 9/10. The injured worker reported that the prescribed medications were working well. Without the aid of medications the injured worker said she would not be able to perform simple household tasks. Current medications included Flexeril 5mg three times a day as needed for muscle spasms, Norco 10/325mg one tab every 4-5 hours as needed, Metoprolol 50mg twice a day, Lorazepam 1mg as needed and Ibuprofen 600mg twice a day. Physical exam was remarkable for restricted range of motion to the cervical spine and bilateral shoulders, tenderness to paravertebral muscles of the cervical spine, the paracervical muscles, trapezius, right acromioclavicular joint, right biceps groove and bilateral glenohumeral joints, subdeltoid bursa and supraspinous. Motor testing was limited due to pain. Current diagnosis included left shoulder pain status post arthroscopic surgical repair with rotator cuff repair and adhesive capsulitis on the left. The treatment plan included continuing Norco as needed, continuing Flexeril three times a day as needed for muscle spasms and continuing home exercise program. On 12/17/14, Utilization Review noncertified a request for Flexeril 5mg #90 between 12/3/14 and 2/13/15, citing CA Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: This patient's date of injury was nearly a decade ago, 04/20/2005. The patient receives treatment for chronic pain syndrome. The specific diagnoses include bilateral shoulder pain and myalgic pain in the paracervical muscles, trapezius muscles, and the joints of the upper arm and A/C joint. Flexiril is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Flexiril over the long-term (more than 2-3 weeks) is not recommended. In addition, muscle relaxers cause sedation. The patient also takes lorazepam, a benzodiazepine, is a tranquilizer, and it, too, causes sedation. In general, a muscle relaxer and a tranquilizer should not be used together. Flexiril is not medically indicated.