

Case Number:	CM15-0000720		
Date Assigned:	01/12/2015	Date of Injury:	09/22/2009
Decision Date:	03/13/2015	UR Denial Date:	12/07/2014
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: Physical Medicine & Rehabilitation

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 54 year old woman sustained an industrial injury on 9/22/2009 resulting in an injury to her right shoulder. The treating diagnosis is impingement syndrome. Treatment has included oral medications, cortisone injection in the subacromial space of the right shoulder, physical therapy, TENS unit, and hot and cold wraps. Physician notes dated 9/9/2014 show complaints of right shoulder pain. An x-ray of the right shoulder shows no calcific lesion. Requests were made for right shoulder MRI, LidoPro lotion, terocin patches, and Flexeril for spasms. However, there is no documenttiaon of spasms on physical examination or by verbal complaint. The worker is currently not working. On 12/7/2014, Utilization Review evaluated a prescription for Flexeril 7.5 mg, that was submitted on 1/2/2015. The UR physician noted there is no documentation of spasm and the worker has been taking the medication longer than the recommended three weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 64.

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

Decision rationale: The patient was injured on 09/22/09 and presents with persistent shoulder pain. The request is for FLEXERIL 7.5 mg QTY: 60. The RFA is dated 11/19/14 and the patient is currently off work. The patient has tenderness along the right shoulder and abduction is 140 degrees. She has tenderness along the rotator cuff and biceps tendon less along the AC joint and posterior capsule. She has been taking Flexeril since 09/09/14. MTUS page 63-66 states: "muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommend for a short course of therapy." MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril since 09/09/14, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril IS NOT medically necessary.