

Case Number:	CM15-0002307		
Date Assigned:	01/13/2015	Date of Injury:	03/18/2011
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51 year old male, who sustained an industrial injury on March 18, 2011. He has reported falling out of bunk in truck after a near accident and complaining of left shoulder pain. The diagnoses have included left shoulder labral tear, cervical sprain/strain, cervical radiculopathy, diabetes, hearing loss and uncontrolled hearing loss. Treatment to date has included Magnetic resonance imaging (MRI) of left shoulder on June 24, 2014, electromyogram (EMG) and nerve conduction study revealing a nine millimeter slightly retracted full thickness tear of the supraspinatus tendon and its humeral insertion, oral medications and topical medications. Currently, the IW complains of muscle spasms in his shoulder and pain in his shoulder, the pain radiate from his neck to shoulder and left upper extremity. On November 3, 2014, the provider notes the injured worker is waiting to have left shoulder surgery but was found to have had a Myocardial Infarct and the surgery is on hold until after cardiac follow up. On December 11, 2014 Utilization Review non-certified a Flexeril 7.5mg quantity 60, noting Medical treatment utilization schedule (MTUS) guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

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

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified.