MAXIMUS Federal Services

Case Number:	CM15-0003805		
Date Assigned:	01/14/2015	Date of Injury:	10/16/2007
Decision Date:	03/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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
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:

The injured worker is a 37 year old female, who sustained an industrial injury on October 16, 2007, slipping on grease in the meat department. The diagnoses have included status post neurolysis left brachial plexus, history of internal derangement left shoulder, left posttraumatic thoracic outlet syndrome and right thoracic outlet syndrome secondary to overuse syndrome. Treatment to date has included injections, occupational therapy, physical therapy, and medications. Currently, the injured worker complains of residual weakness and numbness sensation in the left hand, and pain in the neck that radiates into the right arm and hand, with weakness and numbness sensation of the right hand. The Neurosurgical Reevaluation dated November 18, 2014, noted the injured worker undergoing a decompression of the left brachial plexus, ulnar, and median nerves performed on March 19, 2014. The injured worker received an injection of Toradol 30mg to reduce the pain and muscle spasm of the left trapezius muscle.On December 9, 2014, Utilization Review non-certified Flexeril 5mg #30, noting that the requested medication was only to be used for two to three weeks, with medical necessity not established in the presented documentation. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS ACOEM Guidelines, and the Official Disability Guidelines (ODG) were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of Flexeril 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #30: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although it was reported in the progress note that the worker had trapezius muscle spasm and pain, the recommendation to use one pill of Flexeril each night for 30 days (#30 pills), is excessive and not medically necessary. A supply of 10-15 pills might have been more reasonable for this acute flare-up.