

Case Number:	CM15-0107442		
Date Assigned:	06/11/2015	Date of Injury:	09/01/2009
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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, Alabama, 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 64 year old female, who sustained an industrial injury on 09/01/2009. She has reported subsequent left shoulder pain and was diagnosed with left shoulder pain status post acromioplasty, biceps tendon tenodesis and superior labral tear repair of the supraspinatus/infraspinatus and degenerative joint disease of the right AC joint. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 04/09/2015, the injured worker complained of ongoing left shoulder pain and severe flare-up of right sided shoulder and anterior and posterior rib pain. Objective findings were notable for significant tenderness to palpation of the anterior chest wall next to the sternum and anterior ribs on ribs 2-4, tenderness of the posterior rib, limited range of motion of the right shoulder, significant jump response to even light palpation to the anterior and posterior chest wall and severe tenderness of the rhomboid muscles. A request for authorization of Flexeril was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg twice daily #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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 documentation of pain and functional improvement. In addition, there is no evidence of spasm on physical examination that will warrant a muscle relaxant medication. Therefore, the request for Flexeril 10mg, # 60 with 2 refills is not medically necessary.