

Case Number:	CM15-0109026		
Date Assigned:	06/15/2015	Date of Injury:	04/04/2014
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: Emergency 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 33 year old male, who sustained an industrial injury on 4/4/2014. He reported pain to the left side of his body, left shoulder, neck and back after falling off a wall. Diagnoses have included head contusion, concussion, headache, cervical spine sprain/strain, fracture of left clavicle, left shoulder tendinosis, lumbar sprain/strain, lumbar disc protrusion and lumbar radiculitis. Treatment to date has included chiropractic treatment, physical therapy, acupuncture and medication. According to the progress report dated 4/3/2015, the injured worker complained of occasional mild to severe headaches. He complained of occasional moderate throbbing neck pain, stiffness and cramping. He complained of constant, moderate throbbing low back pain, stiffness and cramping. He also complained of occasional moderate, throbbing left shoulder pain, stiffness and cramping. Exam of the cervical spine revealed tenderness to palpation and decreased range of motion. Exam of the lumbar spine revealed tenderness to palpation and decreased, painful range of motion. Exam of the left shoulder revealed decreased, painful range of motion. Authorization was requested for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tab 10 mg #60: Upheld

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

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

Decision rationale: The requested Flexeril tab 10 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain, stiffness and cramping. He complained of constant, moderate throbbing low back pain, stiffness and cramping. He also complained of occasional moderate, throbbing left shoulder pain, stiffness and cramping. Exam of the cervical spine revealed tenderness to palpation and decreased range of motion. Exam of the lumbar spine revealed tenderness to palpation and decreased, painful range of motion. Exam of the left shoulder revealed decreased, painful range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril tab 10 mg #60 is not medically necessary.