

Case Number:	CM15-0016560		
Date Assigned:	02/04/2015	Date of Injury:	05/27/2010
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 36 year old female with an industrial injury dated May 27, 2010. The injured worker diagnoses include discogenic cervical condition with facet inflammation and headaches, right shoulder impingement, rotator cuff strain, bicipital tendonitis and right wrist inflammation. She has been treated with diagnostic studies, prescribed medications, consultations and periodic follow up visits. In a progress note dated 1/08/2015, the injured worker reported pain in the neck, right shoulder, right upper extremity and stabbing pain in the left upper extremity. The pain was noted to radiate from elbows to the forearm. The treating physician noted myofascial pain throughout the upper extremities, tenderness along the cervical paraspinal muscles and pain with facet loading. The treating physician prescribed Flexeril 10mg # 60 now under review. UR determination on January 21, 2015 modified the request to Flexeril 10mg # 10, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42; 67; 68; 78; 82; 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
cyclobenzaprine Page(s): 41.

Decision rationale: According to guidelines Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. According to the medical records the patient has been using muscle relaxants for a prolonged period of time and is not recommended and thus not medically necessary.