MAXIMUS Federal Services

Case Number:	CM15-0139577		
Date Assigned:	07/29/2015	Date of Injury:	02/23/2004
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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 54 year old male who sustained an industrial injury on 2.23.04 from a slip and fall. Of note, the injured worker is pending a liver transplant as he carries a diagnosis of Hepatitis C. He currently complains of left shoulder pain due to a re-tear of the bicep tendon during a strengthening exercise in post-operative physical therapy; low back pain with radiation to the lower extremities with numbness and weakness especially the left when walking; mid back pain; neck pain; left knee pain with episodes of left knee giving out causing falls and left ankle and foot pain; upset stomach; sexual dysfunction; sleep difficulties due to chronic pain. On physical exam of the lumbar spine there was mild paralumbar muscle spasm and tenderness, decreased range of motion, positive straight leg raise on the left; cervical spine revealed mild tenderness and spasm with decreased range of motion; thoracic spine showed slight spasm; left knee revealed moderate tenderness with crepitus on range of motion; the shoulder revealed slight tenderness of the left acromioclavicular joint and subacromial region, impingement sign was positive on the left. His pain level was 5-6 out of ten with medication and 8-9 out of ten without medication. Activities of daily living are helped with medications such as his ability to stand longer and take a shower. Urine toxicology dated 11.1.11 was consistent with prescribed medications. Medications were Opana IR, Opana ER, Prilosec, Flexeril. Diagnoses include left shoulder strain with impingement pain, status post left shoulder surgery 9.10.10; left lumbar radiculopathy; thoracic strain; cervical strain; left knee strain with secondary left foot and ankle strain; bilateral secondary hip pain from lumbar radiculopathy; esophageal reflux disease due to medications; erectile dysfunction due to chronic pain; insomnia due to pain; left wrist and hand

strain. Treatments to date include medications; psychological evaluation; home exercise program. Diagnostics include MRI of the lumbar spine (4.23.11) showing disc bulge, neuroforaminal narrowing; MRI of the lumbar spine (6.13.12) showing disc herniation, disc bulge; MRI of the left shoulder (3.2010) show recurrent full thickness tear. In the progress note dated 5.27.15 the treating provider's plan of care included a request for Flexeril 10 mg twice per day for muscle spasm.

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 Cyclobenzaprine, Muscle Relaxants Page(s): 63.

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

Decision rationale: The requested Flexeril 10mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has left shoulder pain due to a re-tear of the bicep tendon during a strengthening exercise in post-operative physical therapy; low back pain with radiation to the lower extremities with numbness and weakness especially the left when walking; mid back pain; neck pain; left knee pain with episodes of left knee giving out causing falls and left ankle and foot pain; upset stomach; sexual dysfunction; sleep difficulties due to chronic pain. On physical exam of the lumbar spine there was mild paralumbar muscle spasm and tenderness, decreased range of motion, positive straight leg raise on the left; cervical spine revealed mild tenderness and spasm with decreased range of motion; thoracic spine showed slight spasm; left knee revealed moderate tenderness with crepitus on range of motion; the shoulder revealed slight tenderness of the left acromioclavicular joint and subacromial region, impingement sign was positive on the left. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg #60 is not medically necessary.