

Case Number:	CM15-0146303		
Date Assigned:	08/07/2015	Date of Injury:	10/03/2012
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male who sustained an industrial injury on 10-3-12 from a trip and fall landing on his left shoulder. He complains of worsening achy low back and bilateral leg pain. His pain intensity was 7 out of 10. Medications were Tramadol, Tylenol#3, Flexeril, ibuprofen, Omeprazole. Diagnoses include chronic left shoulder pain, status post arthroscopic revision acromioplasty (2-12-13); lumbar radiculitis; right ulnar neuropathy; right carpal tunnel syndrome, status post right cubital tunnel release, right ulnar nerve transposition, right carpal tunnel release (11-18-15); left elbow strain; chronic pain syndrome; myalgia. Treatments to date include medications with benefit; physical therapy, which has been beneficial in him being able to eliminate Norco; two left shoulder surgeries; steroid injections to the left shoulder, which did relieve pain; physical therapy with improvement. Diagnostics include MRI of the lumbar spine (11-17-14) small posterior disc herniation, neural foraminal stenosis bilaterally, degenerative disc disease, possible radiculopathy; MR arthrogram left shoulder (1-4-13) abnormal findings; electro diagnostic studies (6-26-15) showing radiculitis. On 7-8-15, Utilization Review evaluated a request for Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

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

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific objective functional improvement because of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.