

Case Number:	CM15-0183936		
Date Assigned:	09/24/2015	Date of Injury:	01/26/2015
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56 year old male, who sustained an industrial injury on 01-26-2015. The injured worker is currently temporarily disabled. Medical records indicated that the injured worker is undergoing treatment for severe muscle spasm post-surgery with intact repair of the rotator cuff and biceps tenodesis (06-17-2015). Treatment and diagnostics to date has included surgery and medications. In a progress note dated 08-18-2015, the injured worker presented two months post surgery with a recent episode of "what sounds like muscle spasm" and had gone to the ER on 08-15-2015. The injured worker stated that his "symptoms are improved after having immobilized his arm and not moving it the past few days". Objective findings included the injured worker "protecting the arm to some degree due to a concern about pain" and "can actually rotate him to at least 20 degrees of external rotation with his arm at the side". The treating physician noted that a comprehensive diagnostic ultrasound was performed at his visit which showed "some fluid around the repair site as would be expected in his postoperative condition". The request for authorization dated 08-18-2015 requested Anaprox DS, Protonix, and Flexeril 7.5mg 1 tablet by mouth three times a day #30. The Utilization Review with a decision dates of 08-27-2015 non-certified the request for Flexeril 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of cyclobenzaprine or flexeril not substantiated in the records and therefore is not medically necessary.