

Case Number:	CM15-0200313		
Date Assigned:	10/15/2015	Date of Injury:	04/29/2013
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, 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 51 year old male, who sustained an industrial injury on 4-29-2013. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for a rotator cuff tear. Medical records (4-3-2015) indicate a recent flare-up of right shoulder pain. The physical exam (4-3-2015) reveals decreased range of motion with increased pain, but the pain was better. The pain was inferior and superior. Medical records (6-25-2015) indicate the injured worker was seen for his shoulder. The physical exam (6-25-2015) reveals clicking and popping. Medical records (9-21-2015) indicate ongoing right shoulder pain and clicking. The injured worker reported he right shoulder "feels like it is ratcheting" and worsening of the inferior pain. The physical exam (9-21-2015) reveals positive Speed's and Yergason's. The medical records (4-3-2015, 6-25-2015, and 9-21-2015) did not include documentation of the subjective pain ratings. Diagnostic studies were not included in the provided medical records. Treatment has included ice, home exercises, and Norco. Per the treating physician (9-21-2015 report), the injured worker is to continue full duty work. The treatment plan includes starting Flexeril for spasms. On 9-30-2015, the original utilization review non-certified a request for Flexeril 10mg x40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg x40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Soma in the past. Pain scores were not noted. The claimant is currently on Tramadol. Long-term use of any class of muscle relaxants is not recommended. The use of Flexeril (Cyclobenzaprine) in combination with the current medications is not medically necessary.