

Case Number:	CM15-0200781		
Date Assigned:	10/15/2015	Date of Injury:	10/26/2014
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

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 41 year old male, who sustained an industrial injury on 10-26-14. The injured worker was diagnosed as having shoulder-arm sprain-strain NOS; insomnia. Treatment to date has included status post right shoulder arthroscopy; distal claviclectomy including distal articular surface (5-21-15); physical therapy; medications. Currently, the PR-2 notes dated 8-19-15 indicated the injured worker "health history as documented in the first visit and it remains unchanged." The injured worker is in the office for a follow-up and reports he was seen by this provider in June for evaluation and after that he did not have any medication or therapy and is having "excruciating pain in the right shoulder somewhere 8 on a 0-10 scale". The injured worker is a status post right shoulder arthroscopy; distal claviclectomy including distal articular surface on 5-21-15. On physical examination, the provider documents stiffness on the right side of the cervical spine. Cervical spine motions are accomplished without patient expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the upper extremities on cervical motion. Cervical compression test is negative, Spurling's test is negative. The right shoulder examination: anatomical alignment of the shoulder is well-preserved. Freshly well-healed surgical ports from the surgery. Palpation over the acromioclavicular joint and greater tuberosity of the shoulder is painless. There is no tenderness in the subacromial space of the shoulder to palpation. Patient can easily go to 90 degrees in abduction and after that restricted and painful. Patient does have limitation in internal, external rotation as well as the extension. His treatment plan includes additional physical therapy and medications including Flexeril 7.5mg #30. A PR-2 notes dated 6-4-15 indicate the injured worker was prescribed Flexeril 7.5mg on

every night #30 for muscle relaxation. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 9-9-15 and non-certification for Flexeril 7.5mg #30. A request for authorization has been received 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 7.5mg #30: Upheld

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

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

Decision rationale: The claimant sustained an injury to the right shoulder in October 2014 and is being treated for symptomatic acromioclavicular joint arthritis and rotator cuff impingement syndrome. He underwent an arthroscopic subacromial decompression on 05/21/15. In June 2015 medications included Flexeril. When seen, he was having excruciating right shoulder pain rated at 8/10. He had not had medications or therapy since the previous visit. Physical examination findings included cervical spine stiffness. There was decreased and painful shoulder range of motion. Physical therapy was requested. Norco, Flexeril, and Lunesta were prescribed. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and there were no complaints or physical examination findings of muscle spasms and it had been prescribed at the previous visit more than 2 months before. Continued prescribing is not medically necessary.