

Case Number:	CM15-0032087		
Date Assigned:	02/25/2015	Date of Injury:	10/28/2010
Decision Date:	07/20/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 52-year-old male who sustained an industrial injury on 10/28/2010. Current diagnoses include status post right shoulder surgery with repair of right rhomboid muscle and latissimus dorsi, status post L4-L5 microdiscectomy with redo L4-L5 laminectomy, and history of traumatic avulsion right rhomboid muscle. Previous treatments included medication, percutaneous electrical neurostimulation, lumbar surgery in 2007 and 2014, right shoulder surgery in 2009 and 2013, left ankle surgery, deep tissue massage, physical therapy, trigger point injections, epidural injections, chiropractic, and acupuncture. Report dated 01/12/2015 noted that the injured worker presented with complaints that included increased pain with activity levels, and pain in the right shoulder and upper back. The injured worker requested that his Norco be increased to six per day. It was further noted that the medications are beneficial in reducing pain and improving function. Pain level was 3 out of 10 on a visual analog scale (VAS) with medications. Medication regimen included OxyContin for baseline pain relief and Norco for breakthrough pain relief. Physical examination was positive for right shoulder stiffness, tenderness, and spasm, minimal tenderness in the lumbar spine, and decreased flexion of the left ankle. The treatment plan included requests for continuation of Oxycontin and Norco, request for a 30-day trial of Flexeril for acute muscle spasms, completion of four percutaneous electrical nerve stimulator treatments without relief, and return in 4-6 weeks. Disputed treatments include Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in October 2010 and is being treated for right shoulder pain and pain over the upper portion of the low back. When seen, there was shoulder and lumbar spine tenderness with shoulder spasms. There was decreased left lower extremity strength. Medications include Flexeril being prescribed on a long-term basis. 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, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.