

Case Number:	CM15-0041792		
Date Assigned:	03/12/2015	Date of Injury:	05/29/2012
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 28-year-old male, who sustained an industrial injury on May 29, 2012. He reported that while pushing against a large object while moving it in the office, he noted a sudden sharp onset of pain in the front of the right shoulder. The injured worker was diagnosed as having right shoulder girdle internal derangement, status post right arthroscopic rotator cuff repair, brachial plexus injury, medication induced gastritis, cervical SCS implantation January 30, 2014, left greater trochanteric bursitis, reactionary depression/anxiety, and left shoulder sprain/strain secondary to overcompensation. Treatment to date has included right shoulder surgery in March 2013, spinal cord stimulator, diagnostic cortisone injection to the right shoulder, and medication. Currently, the injured worker complains of neck pain radiating down to the right upper extremity, with numbness and tingling in the right upper extremity, and left shoulder pain. The Primary Treating Physician's report dated February 13, 2015, noted the injured worker had received a diagnostic cortisone injection to the left shoulder January 23, 2015, which provided relief, confirming that the pain was emanating from the left shoulder. An electrodiagnostic study on October 27, 2014, was noted to show right brachial plexopathy and chronic right C5-C6 cervical radiculopathy. The injured worker was noted to use Norco, Neurontin, Doral, Cymbalta, and Anaprox, and occasionally Fexmid as he continues to experience myospasms across his neck, with Prilosec for medication induced gastritis symptoms. Examination of the cervical spine was noted to show significant tenderness to palpation along the cervical paraspinal muscles, upper trapezius, and medial scapular regions bilaterally, but right greater than left. The injured worker was noted to avoid use of the right upper extremity and

keep it guarded, with obvious myospasms in the trapezius muscle, which was clearly visible on the right. The right upper extremity was noted to be guarded with significant tenderness along the clavicle, with an apparent dislocation. The left shoulder revealed tenderness to palpation along the shoulder joint line, with decreased range of motion (ROM) secondary to pain. The treatment plan included Anaprox, Prilosec, and Ultracet dispensed, with previous prescriptions noted for Neurontin and Flexeril, and a prescription written for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexmid 7.5 MG twice daily as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of pain and the prolonged use of Fexmid 7.5mg is not justified. The request for Flexmid 7.5 MG twice daily as needed #60 is not medically necessary.