

Case Number:	CM15-0042471		
Date Assigned:	03/12/2015	Date of Injury:	07/19/2002
Decision Date:	04/22/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 47-year-old male, who sustained an industrial injury on July 19, 2002. He reported neck, left upper extremity especially the left shoulder, and low back pain. The injured worker was diagnosed as having ulnar neuropathy, chronic arm pain, strain of shoulder, strain neck muscle, history of gastrointestinal reflux disease (GERD), strain of lumbar region, severe obesity body mass index (BMI) 40-44.9, diabetes mellitus type 2 (DM 2), and essential hypertension (HTN). Treatment to date has included 2 shoulder surgeries, home exercise program, work modifications and medications including an antihypertensive, two oral antidiabetic, proton pump inhibitor, an angiotensin-converting enzyme (ACE) inhibitor, calcium channel blocker, beta blocker, and non-steroidal anti-inflammatory. On October 3, 2013, the injured worker complained of aching/throbbing neck pain with numbness, tingling, and increased spasm. He has sharp and aching lateral and anterior left shoulder pain radiating down the arm with numbness and tingling to the ring finger and increased muscle spasms. In addition, he has left elbow aching pain radiating down the ulna side with numbness and tingling down the ulna distribution. The physical exam revealed limited cervical range of motion, positive spasm and tenderness to palpation of the paraspinal muscles, a questionable Spurling's test, decreased in the upper extremities, and normal deep tendon reflexes of the biceps and intact neurovascular. The left shoulder has limited range of motion, lateral and anterior tenderness to palpation, a positive impingement sign, intact sensation, and decreased muscle strength. The left elbow has full range of motion with pain, diffuse tenderness to palpation, intact sensation, decreased muscle strength, and negative Tinel's sign. The treatment plan includes education regarding his prescribed

medications. The medications listed are Ibuprofen, Omeprazole and Flexeril. A Utilization Review was rendered recommending non-certification for Flexeril 10 mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient had utilized Flexeril for a longer period than the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of compliance monitoring with UDS or functional restoration. The criteria for the use of Flexeril 10mg #20 was not met. Flexeril 10mg #20 is not medically necessary.