

Case Number:	CM15-0043212		
Date Assigned:	03/13/2015	Date of Injury:	03/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/09/2015

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: California, Washington

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 63-year-old female who reported an injury on 03/17/2013, with an unknown mechanism of injury. The injured worker's current diagnoses include discogenic cervical condition, bilateral shoulder impingement, rotator cuff tear of the left shoulder, discogenic thoracic and lumbar condition, and Parkinsonism. Past treatment includes the use of medications, exercise and therapy, and steroid injections. There were no recent diagnostic studies submitted for review. There is no indication of a surgical history. The clinical note dating 01/15/2015 indicates the injured worker had complaints of persistent shoulder pain. It was noted that she had finished physical therapy, which gave her 50% reduction in pain. Objective findings included tenderness to both shoulders and abduction of 90 degrees. There was noted tenderness along the posterior capsule, trapezius, and shoulder girdle bilaterally. The injured worker was noted to be taking tramadol. Treatment plan includes the use of Flexeril 7.5 mg #60, to treat muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Based on the clinical records submitted for review, and the California MTUS Guideline recommendations, this request is not supported. California MTUS Guidelines state that the use of Flexeril is recommended as a nonsedating muscle relaxant, which is used for short term treatment of acute exacerbation in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain cases, they show no benefit beyond NSAIDS and pain and overall improvement. The use of Flexeril is only recommended for a short course of therapy. It is stated that limited, mixed evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2 to 3 weeks. The clinical records indicate this is the first time the injured worker has had a prescription for Flexeril, although the current request does not have a frequency of use. Given that the current request has no frequency of use, and it is not known if the 60 tablets will be used within the 2 to 3 week recommended time frame, this request is not medically necessary.