

Case Number:	CM15-0044288		
Date Assigned:	03/16/2015	Date of Injury:	03/21/2012
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 43-year-old female, who sustained an industrial injury on March 21, 2012. The injured worker was diagnosed as having right shoulder impingement syndrome, right elbow recalcitrant lateral epicondylitis, left shoulder rotator cuff tendinitis, left elbow epicondylitis and anxiety and depression. Treatment and diagnostic studies to date have included medication. A progress note dated January 15, 2015 the injured worker complains of right shoulder pain rated 8/10. She reports rest and medication helps and that she has anger issues related to her pain. Physical exam notes positive Neer's and Hawkin's test of right shoulder with painful range of motion (ROM). Plan is for surgery, pain management, and continued medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tabs 7.9mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome; right elbow recalcitrant lateral epicondylitis; left shoulder rotator cuff tendinitis secondary to overuse; left elbow lateral epicondylitis result; and anxiety and depression. The documentation does not contain any low back symptoms or objective signs. Flexeril appears in a June 24, 2014 progress note (for the first time). Flexeril is indicated for short-term treatment (less than two weeks) treatment of acute low back pain and short-term treatment of an acute exacerbation of chronic low back pain. There is no documentation of low back pain chronic low back pain the documentation. Additionally, Flexeril is indicated for short-term (less than two weeks). The treating physician exceeded the recommended guidelines by starting Flexeril June 24, 2014 and continuing Flexeril use through January 13, 2015, well in excess of the recommended guidelines for short-term use. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), a clinical indication and rationale for its use, Flexeril 7.5 mg #90 is not medically necessary.