

Case Number:	CM15-0047101		
Date Assigned:	03/19/2015	Date of Injury:	09/25/2011
Decision Date:	04/24/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/12/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 56-year-old male, who sustained a cumulative industrial injury from September 25, 2010 through September 25, 2011. He reported left shoulder pain. The injured worker was diagnosed as having status post left shoulder arthroscopy and rule out impingement/rotator cuff pathology, left shoulder. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, physical therapy, activity modifications, a TENS unit, pain medications and work restrictions. Currently, the injured worker complains of left shoulder pain. The injured worker reported an industrial injury from 2010-2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain improved with medications. The plan included renewing pain medications and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Tabs 7.5mg, 1 tablet three times a day as needed for spasm, QTY: 90:
Upheld

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

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

Decision rationale: The medical records do not indicate ongoing physical exam findings in support of muscle spasm. ODG guidelines support flexeril only for short-term treatment in patients with demonstrated muscle spasm. As such, the medical records provided for review do not support the use of flexeril for ongoing use congruent with ODG guidelines. The request is not medically necessary.