

Case Number:	CM15-0055189		
Date Assigned:	03/30/2015	Date of Injury:	10/23/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 54 year old male, who sustained an industrial injury on 10/23/2013. On provider visit dated 02/27/2015 the injured worker has reported neck pain, with radiation to the bilateral upper extremities, bilateral shoulder pain and low back pain. On examination he was noted to have right shoulder impingement with tenderness and weakness noted. Cervical spine revealed tenderness and spasms with a positive compression and Spurling maneuver test and lumbar spine positive femoral stretch and straight leg raise. The diagnoses have included cervical disc protrusion with radiculopathy, tendinitis and tendinosis and impingement on the right shoulder, lumbar degenerative disc disease and cervical degenerative disc disease. Treatment to date has included medication, physical therapy, injections and home exercise program. The provider requested medication Flexeril for symptom control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Guidelines state that muscle relaxants should only be used for short term duration for acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of acute low back pain in a patient with chronic low back pain. The request for flexeril 10 mg #90 is not medically appropriate and necessary.