

Case Number:	CM15-0058487		
Date Assigned:	04/03/2015	Date of Injury:	05/27/2011
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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 44 year old female with an industrial injury dated 06/27/2011. Her diagnoses include cervical spine musculoligamentous sprain/strain and status post right shoulder arthroscopy, rotator cuff repair, depression, anxiety and insomnia. Prior treatment includes cognitive behavioral therapy, physical therapy, cortisone injections, pain management and medications. She presents on 02/03/2015 with complaints of constant right shoulder pain rated as 7-8/10. She also complained of neck pain radiating to the bilateral upper extremities. Physical examination of the neck demonstrated restricted range of motion. There was a decrease in sensation throughout the right upper extremity and weakness in multiple muscles. Treatment plan included diagnostics to include nerve conduction studies and MRI of the cervical spine. Other treatment plans included non-steroidal anti-inflammatory medications and muscle relaxants. The medications listed are Naproxen and Flexeril.

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 - Cyclobenzaprine Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the OD guidelines 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 sedatives. The records indicate that the patient had utilized muscle relaxants initially Soma and later Flexeril longer than the guidelines recommended maximum duration of use of 4 to 6 weeks. There is no documentation of compliance monitoring of UDS, absence or aberrant behavior and functional restoration. The criteria for the use of Flexeril 10mg #90 was not met. The request is not medically necessary.