

Case Number:	CM15-0059580		
Date Assigned:	04/06/2015	Date of Injury:	08/14/2012
Decision Date:	05/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	03/30/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained an industrial injury on August 14, 2012. The injured worker reported shoulder pain. The injured worker was diagnosed as having shoulder sprain/strain and shoulder impingement. Treatment and diagnostic studies to date have included electromyogram, nerve conduction study, injection, physical therapy, medication and surgery. A progress note dated February 12, 2015 provides the injured worker complains of left shoulder pain. Physical exam notes tenderness with decreased range of motion (ROM). There is an exam dated March 4, 2015. It is noted the injured worker had steroid injection with increased range of motion (ROM) and decreased pain. X-rays were reviewed. A request for retrospective oral medication is included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5 mg #60 (2/25/15): Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Norco without significant improvement in function. Continued use is not medically necessary.