

Case Number:	CM15-0059707		
Date Assigned:	04/06/2015	Date of Injury:	03/18/2014
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 an industrial injury on 03/18/2014. He has reported injury to the neck, left shoulder, back, and bilateral knees/ankles. The diagnoses have included status post left shoulder arthroscopy with extensive debridement, subacromial decompression with bursectomy and repeat anterior acromioplasty microtenotomy on 12/16/2014. Treatment to date has included medications, diagnostic studies, epidural steroid injection, bracing, physical therapy, and surgical intervention. A progress note from the treating provider, dated 01/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain; has completed 2 sessions of post-operative therapy for the left shoulder; and ongoing low back pain and neck pain. Objective findings have included decreased range of motion of the bilateral shoulders, left greater than right. The treatment plan has included the request for Flexeril 10 mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for chronic low back pain and left shoulder pain. He underwent arthroscopic surgery in December 2014. Flexeril is being prescribed for problems sleeping on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use it is being prescribed for problems sleeping. It was therefore not medically necessary.