

Case Number:	CM15-0061386		
Date Assigned:	04/07/2015	Date of Injury:	05/07/2014
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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 Jersey

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 38-year-old female, who sustained an industrial injury on 05/07/2014 reporting neck, left shoulder and left arm injury. On provider visit dated 03/16/2015 the injured worker has reported neck pain and stiffness with pain that radiates into her left shoulder and upper back region. On examination, she was noted to have increased tenderness and hypertonia involving the left paracervical region, left trapezius and rhomboids. A limited range of motion in cervical area as well. Tenderness is present in the left supraclavicular fossa without positive provocative findings. Right wrist tenderness and mild swelling were noted. The diagnoses have included left shoulder impingement syndrome, cervical and upper thoracic strains and left carpal tunnel syndrome. Treatment to date has included medication Ibuprofen 600mg, physical therapy and electromyogram studies. The provider requested the medication Flexeril prescribed to relieve the substantial peri-spinous muscle guarding and associated pain and to reduce requirement for opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although the intent to reduce the need for other medication, the request for ongoing Flexeril for many months ahead is not recommended and medically unnecessary.