

Case Number:	CM15-0082354		
Date Assigned:	05/04/2015	Date of Injury:	02/21/2014
Decision Date:	06/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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 (IW) is a 41 year old male who sustained an industrial injury on 02/21/2014. He reported pain in the right shoulder. The injured worker was diagnosed as having rotator cuff syndrome, bilateral shoulders; strain of the bilateral shoulders; strain of the cervical myofascial; strain of the trapezial muscles. Treatment to date has included diagnostic MRI of the left shoulder (07/16/2014), x-rays of the bilateral shoulder and cervical spine (02/12/2015) and injections to the sub acromial bursa that gave 50% relief of the pain with no change of function. The worker has also had acupuncture to the right shoulder and neck. Currently, the injured worker complains of persistent bilateral shoulder and neck pain with difficulty lifting, reaching and frequent paresthesias of both hands. The treatment plan includes continuation of therapy and shoulder injections with a request for Flexeril 5mg, Naproxen 500mg, Tramadol ER 100mg authorizations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg 1 po QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

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 bilateral shoulder and neck pain. When seen, he had ongoing neck and bilateral shoulder pain and was having difficulty sleeping. Medications were providing some pain relief. Physical examination findings included bilateral acromioclavicular joint hypertrophy with tenderness and positive Hawkins and Cross Arm testing. There was guarded range of motion. Flexeril was being prescribed 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. There was no acute exacerbation and no reported complaints or physical examination findings of muscle spasms. The request was therefore not medically necessary.