

Case Number:	CM14-0109242		
Date Assigned:	08/01/2014	Date of Injury:	10/30/2013
Decision Date:	11/18/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old man who sustained a work-related injury on October 15, 2013. Subsequently, he developed with chronic right shoulder pain. He underwent right shoulder arthroscopy and was diagnosed with right shoulder impingement syndrome. According to a progress note dated on May 19 2014, the patient was complaining of right pain shoulder with a severity rated 5-6/10, right upper extremity pain with a severity rated 10 over 10 with numbness in the right posterior elbow area. His physical examination demonstrated right shoulder pain with reduced range of motion, tenderness in the distant to wean, mild weakness of the right grip, positive bilateral cervical facet joint including, reduced cervical range of motion and positive Spurling test in the right side. The provider requested authorization to use Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement with previous use of Flexeril. Therefore the request for authorization Flexeril 10mg #30 is not medically necessary.