

Case Number:	CM14-0121157		
Date Assigned:	09/25/2014	Date of Injury:	05/02/2007
Decision Date:	10/27/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 injured worker is a 61-year-old female who reported a work related injury on 05/02/2007. The injured worker's diagnoses consist of internal derangement of the right and left shoulder, status post previous surgical intervention for the right and left shoulder, and chronic neck pain. The injured worker's surgical history consists of a right shoulder arthroscopic subacromial decompression and distal clavicle resection performed in 05/2013, and a previous right shoulder surgery in 2012. Upon examination on 07/07/2014 the injured worker complained of pain to the bilateral shoulders, which she rated as a 3/10 to a 6/10 on a VAS. The injured worker stated she had limitations in activities of daily living, including cooking, cleaning, self-care, pushing, pulling, reaching, lifting, and working overhead. Upon physical examination of her right and left shoulder, it was noted that the injured worker had positive spasms in the trapezius area bilaterally. The treatment plan consisted of 10 mg of Flexeril. The rationale for the request was muscle spasms. A Request For Authorization form was submitted for review on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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

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

Decision rationale: The request for Flexeril 10mg #90 is not medically necessary. The California MTUS notes that muscle relaxants for pain are recommended in certain situations, such as patients with chronic low back pain as a second-line option for short-term treatment of acute exacerbations. The guidelines also note that Flexeril is not recommended for long-term use due to its adverse effects and high rate of abuse. Use should be limited to 2-3 weeks and limited, mixed-evidence does not allow for a recommendation for chronic use. As such, within the guidelines, there is no indication for the usage of Flexeril for chronic symptomology.