

Case Number:	CM14-0125081		
Date Assigned:	08/11/2014	Date of Injury:	06/30/2010
Decision Date:	10/14/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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 Internal Medicine and is licensed to practice in California, North Carolina, Colorado and Kentucky. 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 48 year old male who reported an injury to his back and left flank on the 06/30/10. The injured worker stated that he developed severe 10/10 left flank pain at approximately 3 am upon 06/02/08. Radiating pain was identified into the abdomen. The computerized tomography (CT) scan of the abdomen revealed evidence of a bilateral renal calculi with a 3mm obstructing calculus within the proximal left ureter. The clinical note dated 07/02/10 indicates the injured worker complaining of right shoulder pain. The injured worker stated the injury occurred when he was going down a slope when it gave way. The injured worker had been holding a large rod which he lifted in order to avoid it getting damaged. The injured worker reported subsequent right shoulder pain. The clinical note dated 07/14/10 indicates the injured worker continuing with intermittent pain that was described as sharp and shooting at the right shoulder. The clinical note dated 06/21/14 indicated he had undergone a rotator cuff surgery. The injured worker was presenting for a follow-up. The note indicates the injured worker utilizing Ibuprofen and Tramadol to address the right shoulder pain. Decreased range of motion along with tenderness and a deformity was identified at the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); flexeril; mu.

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

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.