

Case Number:	CM14-0132151		
Date Assigned:	08/22/2014	Date of Injury:	06/23/2012
Decision Date:	09/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine 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 49 year old female who reported an injury on 06/23/2012. The mechanism of injury not provided. The injured worker had diagnoses of cervical sprain/strain pain, shoulder sprain/strain, wrist sprain/strain. Past treatment included medications, physical therapy, and steroid injection, durable medical equipment. Diagnostic testing included an MRI of the left shoulder and cervical spine. Surgical history was not provided. The injured worker complained on 01/17/2014 of bilateral shoulder and neck pain. The injured worker reported having throbbing burning sharp pain and difficulty performing overhead reaching. Physical examination on 01/17/2014 findings included cervical spine appreciable decreased lordosis, appreciable middle, and cervical spine muscle spasms extending to the bilateral shoulder girdle. Medications included Ketoprofen, Voltaren XR, and Flexeril. The treatment plan was for Flexeril 10mg #30. The rationale for the request was not provided. The request for authorization form was submitted 09/07/2014.

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 Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Flexeril 10mg #30 is not medically necessary. The injured worker has chronic pain in the shoulders and neck and has been treated with Flexeril. The California MTUS Guidelines state that Flexeril is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The guidelines state Flexeril is not recommended for chronic pain or to be used for longer than 2-3 weeks. There is lack of documentation stating the length of time the injured worker has been prescribed the requested medication. There is a lack of evidence of muscle spasms documented upon physical examination. There is a lack of documentation of the physician's rationale for prescribing a muscle relaxant. The frequency of the requested medication was not provided. Therefore the request for Flexeril 10mg #30 is not medically necessary.