MAXIMUS Federal Services

Case Number:	CM14-0137621		
Date Assigned:	09/19/2014	Date of Injury:	11/20/2007
Decision Date:	10/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 55-year-old male with a reported injury on 11/20/2007. The mechanism of injury was a pulled arm. The injured worker's diagnoses included right shoulder injury, coarse tremors, chronic pain, and bilateral shoulder pain. The injured worker's previous treatments included medications and a home exercise program. The injured worker's previous diagnostic testing included an MRI of the brain in 01/2013 as well as a 4 limb EMG on the same date. There is reference in the clinical documents to a right shoulder surgery; however, no specific information was provided. The injured worker's medications included Norco 10/325 and Flexeril 10 mg twice a day. The injured worker was evaluated on 05/28/2014 for his complaint of right shoulder pain which he rated as 10/10 in intensity. The clinician observed and reported constant coarse tremors of the right arm with grip strength of 5/5 on the left and 1/5 on the right. No fine motor movements were possible on the right. Fine motor was intact on the left. Biceps measurements were 41 cm on the right 44 cm on the left. Forearm measurements are 36.5 cm on the right and 37 cm on the left. The injured worker was right hand dominant. The injured worker was evaluated on 08/20/2014 for his right shoulder pain which he rated at 10/10 without medication and 6/10 with medication. The clinician observed and reported asymmetry of the shoulders. Constant coarse tremor was present in the right upper extremity at all times. No grip was possible due to the tremors. No fine motor is remotely possible. The clinician's treatment plan was to continue the Norco 10/325, Flexeril 10 mg twice per day, and a home exercise program. The request was for Flexeril 10 mg #30 with 2 refills. The rationale for the request was for right shoulder injury and coarse tremors. The Request for Authorization forms were dated 05/28/2014 and 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with two refills as prescribed on 7/09/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The injured worker continued to complain of right arm pain and tremor. The California MTUS Chronic Pain Guidelines recommend Flexeril as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses of therapy may be better. The addition of cyclobenzaprine to other agents is not recommended. Flexeril is listed in the injured worker's medication list since at least 05/28/2014. The provided documentation did not indicate any decrease in pain/tremors or increase in functionality while using the Flexeril. The request did not include a frequency of dosing, but did include 2 refills which would not be appropriate without evaluation of efficacy. Therefore, the request for Flexeril 10 mg #30 with 2 refills as prescribed on 7/09/14 is not medically necessary.