

Case Number:	CM14-0146014		
Date Assigned:	09/12/2014	Date of Injury:	08/28/2013
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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 patient is a 55-year-old female who has submitted a claim for pain in shoulder joint, calcifying tendinitis of shoulder, and rotator cuff sprain/strain associated with an industrial injury date of 8/28/2013. Medical records from 10/12/13 up to 7/1/2014 were reviewed showing pain over her lateral shoulder and anterior superior shoulder, 1-3/10 in severity, worsened by overhead movements in addition to repetitive internal and external rotation of her arm as well as reaching across her body. As per PR dated 6/10/14, patient had no acute exacerbations. Physical examination decreased range of motion (ROM) of left shoulder, tenderness over the right subacromial space and right posterior rotator cuff as well as right deltoid. Strength is 5/5. Impingement test is positive. Hawkins test is positive on the right. Treatment to date has included Anaprox, Protonix, Methoderm, Terocin, Celebrex, and HEP. Utilization review from 8/22/2014 modified the request for Flexmid 7.5mg q 12 hr #60 to #30 to initiate weaning. The records are unclear as to whether or not this medication has been used chronically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexmid 7.5mg q 12 hr #60: Upheld

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

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients. In this case, it is unclear when the patient started taking this medication. The patient denies any acute exacerbations or injury. Moreover, there was no evidence of muscle spasms in the history and physical examination. Therefore, the request for Fexmid 7.5mg q 12 hr #60 is not medically necessary.