

Case Number:	CM14-0093902		
Date Assigned:	07/25/2014	Date of Injury:	06/09/2011
Decision Date:	10/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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:

Patient is a 42 year-old male with date of injury 06/09/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/30/2014, lists subjective complaints as neck pain, lower backache, bilateral shoulder pain and abdominal pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and trapezius with a right muscle band noted on both sides. Range of motion was decreased in all planed due to pain. Spurling's maneuver caused pain but no radicular symptoms. Bilateral shoulders: restricted range of motion in all planes. Hawkins and Neer test were positive. Tenderness noted over the AC joint, biceps groove, and glenohumeral joint. Sensory Exam: light touch sensation was decrease over the chest wall on both sides and patchy in distribution. Deep tendon reflexes were normal and symmetrical bilaterally. Diagnosis: 1. Cervical pain 2. Shoulder pain 3. Lumbar radiculopathy 4. Spasm of muscle 5. Hernia not elsewhere classified 6. Abdominal pain. Patient is status post one lumbar epidural steroid injection at the L5-S1 level on 12/06/2013. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. Medications: 1. Ultram 50mg, #120 SIG: take one every 4-6 hours 2. Flexeril 10mg, #60 SIG: take 1 to 2 twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg tablet QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking Flexeril for at least 4 months, long past the recommended 2-3 weeks by the MTUS. Flexeril is not medically necessary.