

Case Number:	CM14-0213845		
Date Assigned:	12/31/2014	Date of Injury:	12/31/2013
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 40 year old female with an injury date on 12/03/2013. Based on the 12/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Right shoulder pain significant tendinosis, and fraying of the supraspinatus and infraspinatus tendons of the right shoulder. 2. Chronic neck pain. 3. Discogenic cervical pain 4. Mild back pain 5. Discogenic thoracic pain. According to this report, the patient complains of "continues with aching pain of the right shoulder. She has severe aching of the neck radiating to the left outer arm with numbness and tingling of the second and third finger and thoracic pain radiating around the right edge of the axilla with an area of numbness and tingling." Pain is rated as an 8-9/10 without medication and a 4/10 with medication. Pain is worse with standing, walking, lifting and lying down. Physical exam reveals moderate tenderness at the cervical paraspinal muscles and T6 through T8 spinal levels. Range of motion of the cervical spine is limited. Spuriing's test is positive. Decreased sensation is noted at the right shoulder, left lateral arm, second/ third finger, and around T5 radiating around in to the right scapula. The treatment plan is to obtain an UDS and dispensed 120 of Norco and 60 of Flexeril. There were no other significant findings noted on this report. The utilization review denied the request for Flexeril 7.5mg #60 on 12/12/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/30/2014 to 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63,64.

Decision rationale: According to the 12/03/2014 report, this patient presents with severe aching neck pain and aching right shoulder pain. The current request is for Flexeril 7.5mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and this medication was first noted in the 10/20/2014 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.