

Case Number:	CM14-0214699		
Date Assigned:	01/23/2015	Date of Injury:	06/06/2014
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male with date of injury 06/06/14. The treating physician report dated 09/30/14 (51) indicates that the patient presents with left shoulder and low back pain. The physical examination findings reveal that ROM is limited by 50%. Tenderness to palpation in lower cervical and lower lumbar. It is noted that the MRI of the cervical spine obtained 08/11/14 is negative. The diagnosis is: 1. Cervical strain and lumbar strain. The utilization review report dated 11/25/14 (13) denied the request for Flexeril based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with back and shoulder pain. The current request is for Flexeril 7.5mg. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of

therapy, not longer than 2-3 weeks. There is documentation provided that indicates that patient has been taking this medication for at least five months which is beyond the guideline recommendations. Recommendation is for denial.