

Case Number:	CM15-0106872		
Date Assigned:	06/11/2015	Date of Injury:	01/07/2015
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/03/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 a 53 year old male, who sustained an industrial injury on 1/07/2015. He reported pain in the low back, neck, left shoulder, and possible loss of consciousness with headache following a slip and fall. Diagnoses include closed head injury, post-concussion syndrome, cervical spine sprain, and lumbar spine sprain. The MRI dated 3/17/15 was documented to reveal a full thickness rotator cuff tear in the left shoulder. Chronic comorbidities included chronic hepatitis C. Treatments to date include anti-inflammatory, analgesic and physical therapy. Currently, he complained of pain in multiple body parts including the low back, left shoulder, and the neck. There was radiation of pain, numbness, and tingling down bilateral lower extremities. On 4/7/15, the physical examination documented left shoulder range of motion limited to 90 degrees with positive Hawkins and Neer tests. The lumbar spine demonstrated decreased range of motion, decreased sensation to L4 dermatomes, and the straight leg raise test was positive bilaterally. The plan of care included bilateral transforaminal epidural steroid injection to L4-5. On 5/6/15, the left shoulder was addressed with a treatment. The injured worker complained of neck and left shoulder pain. The left shoulder was documented to have decreased range of motion. The treating diagnosis was left rotator cuff tear with a plan of care discussed including left shoulder rotator cuff repair. This appeal was a request to authorize Flexeril 10mg tablets, post-operative, quantity of #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Flexeril 10mg #30: Overturned

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 muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The criteria for short-term use have been met and the request is certified.