

Case Number:	CM15-0010463		
Date Assigned:	01/29/2015	Date of Injury:	03/02/2008
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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: California

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 injured worker is a 56 year old female, who sustained an industrial injury on 3/2/2008. The current diagnoses are myofascial pain syndrome, repetitive strain injury of the right upper extremity, cervical spine strain, right rotator cuff syndrome, and medial epicondylitis. Currently, the injured worker complains of right shoulder pain. The treating physician is requesting Flexeril 7.5mg #90, which is now under review. On 1/12/2005, Utilization Review had non-certified a request for Flexeril 7.5mg #90. The Flexeril was modified to #20 to allow for weaning and downward tapering. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 with 3 refills (1 tablet 3 times per day) dispensed on 12/17/2014: 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): 63-66.

Decision rationale: This patient presents with right shoulder pain. The treater is requesting FLEXERIL 7.5 MG, #90, WITH 3 REFILLS 1 TABLET 3 TIMES PER DAY DISPENSED ON 12/17/2014. The RFA dated 12/17/2014 shows a request for Flexeril. The patient's date of injury is from 03/02/2008 and her current work status is qualified injured worker. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants - amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Flexeril on 07/16/2014. In this case, the MTUS Guidelines do not support the long-term use of Flexeril for chronic pain. The request IS NOT medically necessary.