

Case Number:	CM15-0013336		
Date Assigned:	02/04/2015	Date of Injury:	03/09/2013
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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: Pennsylvania, Ohio, 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 72 year old female, who sustained an industrial injury on 03/09/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include thoracic back pain, closed right humeral fracture, cervical degenerative disc disease, status post cervical five to seven fusion, possible referred facet joint thoracic back pain, and bilateral cervical five radiculopathy. Treatment to date has included laboratory studies, medication regimen, electromyogram and nerve conduction study of the both upper extremities, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the cervical spine, and the above noted surgery. In a progress note dated 12/24/2014 the treating provider reports neck, thoracic back, and right shoulder pain with radicular pain. The injured worker has rated the pain a four to eight out of ten without medication and two to four out of ten with medication. The treating physician requested the medication of Flexeril noting that the injured worker was currently on this medication regimen. On 01/12/2015 Utilization Review non-certified the requested treatment of Flexeril 10mg with a quantity of 60, noting the California Medical Treatment Utilization Schedule, Neck and Upper Back Complaints, Shoulder Complaints, Low Back Complaints, and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.