

Case Number:	CM15-0014296		
Date Assigned:	02/02/2015	Date of Injury:	10/28/2010
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 52 year old male, who sustained an industrial injury on October 28, 2010. The mechanism of injury is unknown. The diagnoses have included status post right shoulder surgery, status post L4-L5 microdiscectomy and history of traumatic avulsion right rhomboid muscle. Treatment to date has included percutaneous electrical neurostimulation, chiropractic treatment, injections, physical therapy, medication and surgery. Currently, the injured worker complains of an increase in pain with activity levels. He remains symptomatic with right shoulder and upper back pain. His lower back pain was noted to be minimal. He also reported pain over the right shoulder, rhomboid and latissimus dorsi area. He reported his medication to be beneficial. On January 20, 2015, Utilization Review modified a request for Flexeril 10mg #90 (trial) to #60, noting the California Chronic Pain Medical Treatment Guidelines. On January 26, 2015, the injured worker submitted an application for Independent Medical Review for review of remaining Flexeril 10mg #90 (trial).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 (Trial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Flexeril 10mg QTY: 90 are not medically necessary.