

Case Number:	CM15-0111502		
Date Assigned:	06/17/2015	Date of Injury:	03/17/2005
Decision Date:	11/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/10/2015

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, 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 injured worker is a 53 year old female who sustained an industrial injury on 3-17-05. The injured worker reported pain in the trapezius muscles with radiation to the neck. A review of the medical records indicates that the injured worker is undergoing treatments for shoulder and arm injury. Medical records dated 4-24-15 indicate "moderate pain". Provider documentation dated 4-24-15 noted the work status as "patient is working". Treatment has included Norco since at least February of 2015, Relafen since at least February of 2015, Flexeril since at least February of 2015 and injection therapy. Objective findings dated 4-24-15 were notable for "tenderness noted in the left shoulder". The original utilization review (5-19-15) partially approved a request for Flexeril 10 milligrams tablets quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg tablets qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with constant, moderate to severe pain in her shoulders radiating to her neck. The current request is for Flexeril 10mg tablets quantity 30. The treating physician's report dated 06/08/2015 (25B) states, "Patient states that using TENS unit is effective for pain relief. Medications are effective as well. Medications are effective by 75% for pain relief." 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 RFA notes that the patient is prescribed Flexeril, once a day, #30, which is enough medication for 4 weeks of continuous use. Medical records show that the patient was prescribed Flexeril prior to 02/13/2015. While the physician has noted medication efficacy, the MTUS Guidelines do not recommend the long-term use of this medication. The current request is not medically necessary.