

Case Number:	CM15-0114128		
Date Assigned:	06/22/2015	Date of Injury:	03/27/2013
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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, Pain Management

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 58 year old female, who sustained an industrial injury on 03/27/2013. She has reported subsequent left shoulder and elbow pain and was diagnosed with chronic pain syndrome, left shoulder strain, left shoulder pain, left elbow pain, history of left radial head fracture and cubital tunnel syndrome. Treatment to date has included medication, TENS unit, physical therapy and a home exercise program. In a progress note dated 04/16/2015, the injured worker complained of aching and stabbing pain in the left shoulder and arm that was rated as 8-9/10 without medications and 5-6/10 with medications. Objective findings were notable for an antalgic gait, diffuse tenderness to palpation at the left shoulder with muscle spasm noted at the periscapular region, tenderness to palpation at the left lateral elbow and decreased sensation of the left upper arm and at the left 4th and 5th finger. A request for authorization of Flexeril was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is identification of analgesic benefit from use of cyclobenzaprine in a progress note from 4/16/15. However, it is not clear how long this has been utilized, and the CPMTG specifically recommend this for short-term treatment of an acute exacerbation. Given that this is not readily apparent from the submitted medical records, the current request is not medically necessary.