

Case Number:	CM15-0115126		
Date Assigned:	06/23/2015	Date of Injury:	04/12/2010
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on 04/12/2010. She has reported subsequent right shoulder pain and was diagnosed with rotator cuff tendinitis, repetitive strain injury and wrist and hand tendinitis. Treatment to date has included oral and topical medication, Cortisone injections, acupuncture, TENS unit and surgery. Medication, TENS unit and acupuncture were all documented to have helped for relief of pain. In a PR2 note dated 05/28/2015, the injured worker complained of diffuse right shoulder pain that was moderately improved after injection but with continued severe pain over the AC joint. There was no pain rating provided. Objective findings were notable for moderate soft tissue tenderness over the surgical site and some muscle spasm over the upper trapezius muscles and scapular muscles at RTC region, mild swelling and redness/warmth to palpation over the forearm extensor muscles and tendons and wrist extensors, large osteophytes at the right AC joint with swelling, redness and pain to palpation, moderate tenderness at the subdeltoid bursa and bicipital tendon, decreased flexion and extension of the wrist and hand with pain, tenderness of the wrist, forearm muscles and right medial and lateral epicondyles and diminished grip strength. The physician noted that Flexeril was taken as needed at night when muscle spasm was affecting sleep. A request for authorization of Flexeril 7.5 mg 60 count (3 month supply) 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 (three month supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, muscle relaxants can be used as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." Documentation shows that other agents including Celebrex and Glucosamine had been used to treatment of pain and that they had been effective, however the degree of effectiveness of these medications and specific pain ratings were not provided. MTUS indicates that Flexeril is "recommended as an option for a short course of therapy." The 05/28/2015 PR2 note indicates that Flexeril was being used as needed for muscle spasm affecting sleep, however there was no mention of this medication in the other progress notes submitted. Therefore, the duration of time that the muscle relaxer was prescribed is uncertain and it is unclear as to whether this medication was being prescribed for relief of an acute flare up or for chronic pain. In addition, there was no documentation as to the degree of improvement in pain and function with the use of Flexeril as required by the guidelines; therefore the request for Flexeril 7.5 mg 60 count (3 month supply) is not medically necessary.