

Case Number:	CM15-0116888		
Date Assigned:	06/24/2015	Date of Injury:	06/09/2008
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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

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 59 year old male, who sustained an industrial injury on 6/9/2008. Diagnoses have included low back pain, shoulder pain, bilateral shoulder degenerative joint disease, lumbago and lumbar degenerative joint disease/degenerative disc disease and right shoulder tendonitis/bursitis. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 4/30/2015, the injured worker rated his pain with medication as 7/10 and without medication as 10/10. Quality of sleep was poor. Exam of the cervical spine revealed a trigger point on the right side. Tenderness was noted at the rhomboids. Exam of the lumbar spine revealed hypertonicity, spasms, tenderness and tight muscle bands on both sides of the paravertebral muscles. Lumbar facet loading was positive on both sides. Muscle tone of the trapezius was increased and there was palpable tenderness on both sides. Authorization was requested for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: 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, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2008. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg #30 is not medically necessary or appropriate.