

Case Number:	CM15-0122337		
Date Assigned:	07/06/2015	Date of Injury:	02/27/2004
Decision Date:	07/31/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/24/2015

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, Alabama, 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 60-year-old female who sustained an industrial injury on 02/20/2004. Mechanism of injury was not documented. Diagnoses include right shoulder rotator cuff tear, status post right shoulder arthroscopy rotator cuff repair and subacromial decompression on 04/30/2015, status post prior right shoulder subacromial decompression, status post anterior cervical discectomy and fusion at C4-5, status post fracture of the left small finger, sprain/strain of the lumbar spine, sprain/strain of the right and left hips, and status post contusion of the right knee. Treatment to date has included diagnostic studies, medications, CPM use, physical therapy, and epidural steroid injections. A physician progress note dated 05/11/2015 documents the injured worker complains of lower back pain rated 10 out of 10 with pain and numbness radiating into the right lower extremity into the foot. The right leg feels weak. She complains of post-operative pain in the right shoulder. She is using the CPM machine at home for passive range of motion. She has discontinued Percocet due to drowsiness. She takes Motrin for the pain. There is tenderness and no sign of infection swelling or discoloration. On 05/26/2015 continues to complain of right shoulder post-operative pain, and she has trouble sleeping due to pain and spasms. She is using Ibuprofen 800mg twice a day for pain and inflammation and is still using her CPM machine for passive range of motion. Tramadol caused an upset stomach and she has stopped taking it. The treatment plan includes continuation of passive range of motion, start physical therapy when scheduled, continue with Motrin as needed and a follow up in one month. Treatment requested is for Flexeril 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

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