

Case Number:	CM15-0129344		
Date Assigned:	07/15/2015	Date of Injury:	04/15/2012
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/03/2015

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: Massachusetts

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 48 year old male, who sustained an industrial injury on 4/15/2012. The details of the initial injury were not included in the medical record submitted for this review. Diagnoses include cervical disc herniation, radiculopathy, left shoulder rotator cuff tear, and cervical sprain, status post left shoulder repair. Treatments to date include medication therapy and physical therapy. Currently, he complained of pain with movement of the left shoulder and constant numbness in left thumb. On 5/29/15, the physical examination documented decreased range of motion in the shoulders bilaterally. The provider documented twelve post-operative physical therapy sessions were completed. The plan of care included a prescription for Flexeril 10mg tablets, one tablet every night #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 Refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for shoulder pain. When seen, there had been an overall improvement in his left shoulder but he was still having pain with range of motion. He was having constant numbness of the left thumb. Physical examination findings included decreased shoulder range of motion. Additional physical therapy and further evaluation was recommended. Flexeril was refilled and had been prescribed for muscle spasms following arthroscopic surgery, which was done in March 2015. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use. The claimant's surgery was more than two months ago. The request was not medically necessary.