

Case Number:	CM15-0178023		
Date Assigned:	09/18/2015	Date of Injury:	04/07/2015
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/10/2015

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 60 year old male, who sustained an industrial injury on 4-7-2015. Medical records indicate the worker is undergoing treatment for left shoulder impingement, left acromioclavicular cartilage disorder, probable complete acromioclavicular separation, left subacromial bursitis, left bicipital tendinitis, left wrist and hand sprain-strain, carpal tunnel syndrome and status post left shoulder dislocation and reduction. A recent progress report dated 8-6-2015, reported the injured worker complained of pain radiating to his neck and down his fingers rated 10 out of 10. Physical examination revealed palpable acromioclavicular click in the left shoulder with range of motion with positive Neer's, Apley's and Hawkin's test. Left shoulder x ray showed probable complete acromioclavicular joint separation, probable associated tear of the coraco-clavicular ligament and no associated soft fractures. Treatment to date has included physical therapy and Flexeril to treat muscle spasm in the wrist, shoulder and radiating up to the neck. There was an abnormal urine drug screen on 7-21-2015. The physician is requesting Flexeril 10mg 1 BID prn #60 Refills 2. On 8-21-2015, the Utilization Review noncertified the request for Flexeril 10mg 1 BID prn #60 Refills: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 BID prn #60 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: The claimant sustained a work injury in April 2015 and continues to be treated for left upper extremity pain. When seen, pain was rated at 10/10. He was having radiating symptoms up to the neck and down into the hand. He was having numbness and tingling. Physical examination findings included a BMI of over 32. There was positive left impingement testing and palpable acromioclavicular joint clicking with range of motion. There was abduction weakness. There was positive Durkan, Finkelstein, Tinel and Phalen testing. Flexeril was prescribed for muscle spasms. A three-month supply was provided. 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, although there was an acute exacerbation, a two-month supply was provided which is not medically necessary.