

Case Number:	CM15-0043493		
Date Assigned:	03/13/2015	Date of Injury:	06/30/2013
Decision Date:	06/09/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 54 year old female with a June 30, 2013 date of injury. A progress note dated February 23, 2015 documents subjective findings (chronic mid back pain; chronic pain of the right shoulder and right arm), objective findings (current and average pain rated at a level of 7/10; affective pain rated at a level of 5/10; function rated at a level of 6/10; sleep rated at a level of 7/10; support rated at a level of 8/10; tenderness to palpation over the dorsolateral shoulder; severe pain with attempts to lift above shoulder level), and current diagnoses (chronic right shoulder pain with degenerative osteoarthritis; chronic right shoulder pain with myofascial pain syndrome; pain disorder with psychological/general medical condition; persistent insomnia due to chronic pain; chronic mid back pain with degenerative thoracic spondylosis). Treatments to date have included medications and imaging studies. The medical record identifies that medications offer partial pain relief and functional improvement for driving, sitting, walking, lifting, activities of daily living, and working. The treating physician documented a plan of care that included Naprosyn and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Flexeril 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame that is recommended by the MTUS. The request for Flexeril is not medically necessary.