

Case Number:	CM15-0065491		
Date Assigned:	04/13/2015	Date of Injury:	06/14/2006
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 6/14/2006. The current diagnoses are chronic shoulder pain and status posts multiple right shoulder surgeries. According to the progress report dated 1/27/2015, the injured worker complains of increasing sharp posterior deltoid pain, locking up of the shoulder, and spasms. The level of pain is not rated. The current medications are Percocet, Dilaudid, Lorazepam, Ibuprofen, Flexeril, and Lyrica. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, electrodiagnostic testing, right stellate ganglion block, and surgical intervention. The plan of care includes medication refills and right shoulder X-ray.

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 MUSCLE RELAXANTS.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the claimant was prescribed Flexeril for a 90 day supply, exceeding the limits indicated in the guidelines. Based on the above, the Flexeril as prescribed above is not medically necessary.