

Case Number:	CM15-0067981		
Date Assigned:	04/15/2015	Date of Injury:	08/18/2011
Decision Date:	05/14/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal Medicine, Rheumatology

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 36 year old male, who sustained an industrial injury on 08/18/2011 after a fall. The diagnoses have included status post fall, close head injury, Colles' fracture, facial laceration and nasal fracture. On provider visit dated 03/17/2015 the injured worker has reported multiple body injuries including left wrist, shoulder, elbow and knee, his nose, teeth, head and lower back. On examination he was noted to have a flat affect, appearing depressed. He was noted to have tenderness at the lumbosacral junction and right sides lumbar paraspinal spasming. Straight leg raise was negative bilaterally. Left shoulder pain was present and spasming over the left upper trapezius muscle. Treatment to date has included medication and diagnostic studies. Current diagnoses included chronic left shoulder pain status post left shoulder arthroscopic surgery, left knee pain, low back pain, dental pain and headaches. The provider requested Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, fifteen count: Upheld

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

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

Decision rationale: This 36 year old male has complained of left wrist, left shoulder and low back pain since date of injury 8/18/11. He has been treated with left shoulder surgery, physical therapy and medications to include Flexeril for at least 3 weeks duration. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.