

Case Number:	CM15-0095091		
Date Assigned:	05/21/2015	Date of Injury:	05/07/2013
Decision Date:	07/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male injured worker suffered an industrial injury on 05/07/2013. The diagnoses right carpal tunnel syndrome, left carpal tunnel release, left cervicothoracic strain with left upper extremity cervical radiculitis, left impingement syndrome, and low back strain with intermittent left lower extremity lumbar radiculitis. The diagnostics included left shoulder and lumbar magnetic resonance imaging electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications, physical therapy and surgeries. On 3/17/2015, the treating provider reported posterior neck pain with radiations to the left upper back. The left shoulder pain radiated in to the neck. The bilateral hands/wrist pain had numbness and paresthesias along with swelling and weakness. The low back pain was intermittent with radiations to the left hip. The treatment plan included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Flexeril 7.5mg #90. The treating physician states in the report dated 4/2/15, "Fexmid 7.5mf #90. Renew Medications." (51B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." Utilization Review modified this request from #90 to #45. In this case, the treating physician has prescribed this medication for long-term use. The MTUS guidelines only recommend this medication for short-term therapy. The current request is not medically necessary.