

Case Number:	CM14-0140165		
Date Assigned:	09/08/2014	Date of Injury:	02/07/2012
Decision Date:	10/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 48-year-old male was reportedly injured on February 7, 2012. The most recent progress note, dated July 16, 2014 indicates that there are ongoing complaints of pain, gastrointestinal distress, and elevated liver function tests. The physical examination demonstrated diffuse tenderness, and myofascial guarding of the lumbar spine. The medical record provides documentation that the claimant is status post Arthroscopy of the right shoulder, debridement of the elbow, and with chronic lumbar strain/sprain. Details of prior imaging studies are not disclosed, though the progress note from July 2014 indicates that an MRI was requested, but denied. Intraoperative findings are not reported. Previous treatment has included surgical intervention of the shoulder, and the elbow, exercise, and pharmacotherapy. A request was made for Flexeril 10 milligrams quantity sixty and this was not medically necessary in the preauthorization process on August 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Flexeril 10 Mg Tab, #60 For 30 Days Supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, Official Disability Guidelines Worker's Compensation Drug Formulary, www.odg-twc.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41, 64 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Progress notes from June and July do not reference a flare or change in symptoms for any diagnoses for which a muscle relaxant would be prescribed. Given the claimant's date of injury, the clinical presentation, and the duration of the recommended muscle relaxant treatment, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.