

Case Number:	CM14-0148387		
Date Assigned:	09/18/2014	Date of Injury:	01/24/2012
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/12/2014

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 Alabama. 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 patient is a 45 year old female who was injured on 01/24/2012 when she fell at work. Prior treatment history has included physical therapy, medication, cortisone injection into the left shoulder, chiropractic therapy, and two lumbar epidural steroid injections with minimal benefit. The patient underwent left shoulder arthroscopy and subacromial decompression on 08/07/2010. The patient was taking Norco, Prilosec, Gabapentin, Anaprox and Fexmid. Progress report dated 08/11/2014 states the patient complained of no improvement and still has pain and discomfort in the left shoulder. On exam, the left shoulder revealed flexion to 162; extension to 42; abduction to 32; adduction to 150; internal rotation 76; external rotation is 72. There was tenderness to palpation at trapezius and positive impingement. The patient is diagnosed with labral debridement, bilateral lower extremity radiculopathy and listhesis at L5-S1. The patient was recommended Flexeril 10 mg #60. Prior utilization review dated 08/20/2014 states the request for Flexeril 10mg, #60 is denied as it is not medically necessary as it is recommended for short term use only.

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 Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants and cyclobenzaprine Page(s): 63-64. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682514.html>

Decision rationale: The above MTUS guidelines regarding muscle relaxants states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Regarding flexeril, it states "mixed-evidence does not allow for a recommendation for chronic use... This medication is not recommended to be used for longer than 2-3 weeks." In this case, there is no mention of acute exacerbation of pain. In addition, the date of injury was 1/24/12, and chronic use of flexeril would not be recommended. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.