

<b>Case Number:</b>	CM13-0018187		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 43-year-old male who reported an injury on 04/15/2011. The mechanism of injury was not noted. His diagnoses were noted to be left shoulder pain as a result of an industrial injury and AC joint synovitis with partial rotator cuff tear. Prior treatment was noted to be conservative treatment including injections and physical therapy, with no long-term relief. He had diagnostic imaging studies. Pertinent surgical history was noted to be left shoulder diagnostic and operative arthroscopy with distal clavicle resection on 05/24/2013. A clinical evaluation on 11/06/2013 noted the injured worker with subjective complaints of stiffness, achiness, pain and weakness in the left shoulder. The objective findings noted a well-healed arthroscopic portal. Forward flexion and abduction was to 165 degrees with pain at the AC joint and positive cross-arm testing. The treatment plan was for an updated MRI to study the left humerus and biceps region and rule out lipomas. Additional physical therapy and a followup visit also indicated within the treatment plan. The rationale for the request was not noted within the review. A request for authorization form was also not located within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

**Decision rationale:** The request for Flexeril 10 mg #10 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines include antispasmodics as useful in decreasing muscle spasm in conditions such as low back pain, although it appears that these medications are often used to treat musculoskeletal conditions whether spasm is present or not. Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be within the first 4 days of treatment. The guidelines recommend 5 mg to be given 3 times a day and can be increased to 10 mg 3 times a day. This medication is not recommended to be used for longer than 2 to 3 weeks. The subjective complaints note shoulder pain. Low back pain and spasms were not within the subjective complaints or the objective findings of the physical examination. In addition, the request for Flexeril does not include a frequency and it is a 10 mg dose without any indication of titration from 5 mg as suggested by the guidelines. Therefore, the request for Flexeril 10 mg #10 is not medically necessary.