

<b>Case Number:</b>	CM13-0018409		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	09/13/2009
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	07/31/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and Interventional Spine and is licensed to practice in California. 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 physician 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 42 year old; male with a date of injury on 9/13/09. The progress report dated 7/18/13 by [REDACTED] noted that the patient continued to complain of shoulder pain, internal derangement. The patient reported that he had not received relief from intra articular injections. The patient noted that Tramadol was not helping and did not want to try Cymbalta due to side effect profile. The patient reported that he could not sleep at night due to pain and muscle spasms in his shoulder, back and neck. The patient's diagnoses include right shoulder pain, arthralgia; status post rotator cuff repair. The patient was prescribed an undocumented quantity of Flexeril 10 mg three times a day as needed for muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The progress report dated 7/18/13 by [REDACTED] noted that the patient continued to complain of shoulder pain, internal derangement. The patient reported that he had not received relief from intra articular injections. The patient noted that Tramadol was not helping and did not want to try Cymbalta due to side effect profile. The patient reported that he could not sleep at night due to pain and muscle spasms in his shoulder, back and neck. The patient's diagnoses include right shoulder pain, arthralgia; status post rotator cuff repair. The patient was prescribed an undocumented quantity of Flexeril 10 mg three times a day as needed for muscle spasm. MTUS page 64 regarding Flexeril indicates recommendation for short course of therapy and limited, mixed-evidence does not allow for a recommendation for chronic use. The new prescription of Flexeril appears to be reasonable as the patient had not responded well to tramadol and was struggling with sleep due to pain and muscle spasm; however, the provider did not indicate an end and did not include documentation of the quantity prescribed. One cannot determine if this was intended for short or long-term use. Therefore, recommendation is for denial.