

<b>Case Number:</b>	CM13-0025966		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, depression, plantar fasciitis, neuralgia, neuritis, and reflex sympathetic dystrophy reportedly associated with an industrial injury of November 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; shoulder arthroscopy in May 2013; and extensive periods of time off of work. In a utilization review report of August 29, 2013, the claims administrator certified a request for Lyrica, denied a request for Flexeril, approved a request Elavil, certified a request for Lodine, denied a request for tramadol, and denied a request for Effexor. The applicant subsequently appealed. Multiple psychiatric progress notes interspersed throughout 2013 are reviewed, in which the applicant is issued various medication refills and seemingly remains off of work. A medical progress note of August 20, 2013 is notable for comments that the applicant is having ongoing pain issues. It is stated that the applicant's pain is unresponsive to monotherapy with NSAIDs. The applicant is depressed, anxious, and "still quite disabled." She is presently on Effexor, Lyrica, Lodine, Flexeril, tramadol, and Elavil. The applicant states that the combination of medications is more effective than each medication alone. She is placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Flexeril 5mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Amrix®, Fexmidâç, generic available.

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is seemingly using numerous analgesics and adjuvant medications, including Lodine, Effexor, and tramadol. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified.