

<b>Case Number:</b>	CM14-0004224		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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 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 an employee of [REDACTED] and has submitted a claim for other affections of shoulder NEC associated with an industrial injury date of October 21, 2007. Treatment to date has included trigger point injection, C5-C6 epidural steroid injection, pain medication and muscle relaxants. Medical records from 2013 to 2014 were reviewed showing that patient has been complaining of chronic left shoulder pain graded 4-8/10 decreased to 2/10 with pain medications accompanied by intermittent muscle spasms, stiffness and tightness. There is also shooting pain down the left arm with numbness and tingling sensation. On physical examination, there was tenderness on cervical paraspinal muscle, trapezius and shoulder girdle. MMT 4+/5, weakness against resistance with left shoulder abduction, flexion and internal rotation. MRI of left shoulder, dated September 2013, revealed small partial tear of supraspinatus tendon. Cervical MRI showed disc protrusion C4-C5, C5-C6, C6-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril), a skeletal muscle relaxant, is recommended as an option of short course therapy for management of back pain. In this case, the patient has been using Flexeril since September 2013, but there was no mention of relief of spasm with the use of this medication. There was also no evidence of functional improvement despite prolonged use. Flexeril is not recommended for long-term use; therefore, the request for Flexeril 7.5MG #60 is not medically necessary.