

<b>Case Number:</b>	CM14-0126961		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50-year-old individual was reportedly injured on 5/13/2011. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 7/24/2014, indicated that there were ongoing complaints of neck, left shoulder, and left knee pains. The physical examination demonstrated cervical spine with decreased cervical curvature, and positive tenderness to palpation with spasm and muscle guarding over the paravertebral musculature bilaterally. Range of motion was flexion 35, extension 40, rotation 40 bilaterally, and lateral flexion 20 bilaterally. Thoracic spine was positive tenderness to palpation with spasm and muscle guarding over the bilateral paravertebral musculature and interscapular muscles. Lumbar spine decreased in lumbar curvature. There was also positive tenderness to palpation with spasm and muscle guarding over the paravertebral muscles bilaterally. Positive tenderness was noted over the sacroiliac joints bilaterally. Sacroiliac joint stress test was positive bilaterally. Straight leg raise test was positive bilaterally with limited range of motion. Shoulders showed tenderness to palpation over the AC joint, subacromial region, and supraspinatus tendon. Impingement test and cross arm test were positive bilaterally with limited range of motion. Knees were tenderness to palpation over the patellar region, medial and lateral joint lines bilaterally and positive crepitus bilaterally. Patellar grind test was positive bilaterally. Range of motion was 0-140 bilaterally. Diagnostic imaging studies included x-rays of the cervical spine, lumbar spine, bilateral shoulders and bilateral knees. Previous treatment included knee and shoulder arthroscopies, medications, and conservative treatment. A request had been made for cyclobenzaprine 7.5 mg #60 and was denied in the pre-authorization process on 8/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexmid (cyclobenzaprine 7.5mg) #60, one tablet two times per day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** The MTUS Guidelines support the use of skeletal muscle relaxants like Flexeril for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.