

<b>Case Number:</b>	CM14-0153698		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Internal Medicine has a subspecialty in Nephrology 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:

This is a 54-year-old male with a 2/26/13 date of injury. He injured his right neck and shoulder while working in a vineyard driving stakes into the ground with a hand impactor. According to a progress report dated 8/4/14, the patient reported continued pain with most range of motion and has continued numbness and tingling distally into his arm with weakness in his grip strength. The provider has ordered a new prescription for Flexeril. Objective findings: painful right shoulder range of motion, rotator cuff examination is 5/5, positive Tinel's sign, positive Phalen's test, grip strength weakness right greater than left. Diagnostic impression: rotator cuff sprain and strain, complete rupture of rotator cuff, adhesive capsulitis of shoulder, other affections shoulder region. Treatment to date: medication management, activity modification, right shoulder rotator cuff repair, physical therapy, home exercise program. A UR decision dated 8/21/14 denied the request for Flexeril. The reports do not establish a flare-up of the patient's condition to indicate the need for a muscle relaxant. The patient's subjective complaints and objective examination findings are unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60 (dispensed 8/4/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the most recent report reviewed, there is no documentation of subjective complaints or objective findings of muscle spasms. In addition, there is no documentation of an acute exacerbation to the patient's condition. A specific rationale as to why Flexeril has been prescribed was not provided. Therefore, the request for Flexeril 7.5mg #60 (dispensed 8/4/14) is not medically necessary.