

<b>Case Number:</b>	CM14-0183671		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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, has a subspecialty in Interventional Spine Pain Management 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 a 49 year old with an injury date on 11/10/12. Patient complains of pain in his bilateral shoulders rated 5/10 and bilateral elbows rated 3/10 per 3/18/14 report. Patient also has bilateral knee pain rated 3/10 on the left and 4/10 on the right, and right heel pain rated 4/10 per 3/18/14 report. Based on the 3/18/14 progress report provided by the treating physician the diagnoses are: significant abdominal strain, possible hernia, bilateral shoulder impingement syndrome with strain and bilateral medial epicondylitis. Exam on 3/18/14 showed "range of motion of bilateral shoulders reduced, with abduction at 130/180 degrees bilaterally. Range of motion of bilateral elbows reduced, with flexion at 125/140 bilaterally." Patient's treatment history includes medication (Ultram, Naproxyn, Acetaminophen, Tramadol, Ibuprofen, Ultram), 6 physical therapy, modified duty, urine drug screen, acupuncture, home exercise program, lumbar support, right subacromial cortisone injection. The treating physician is requesting Flexeril 10mg twice daily (RX 9/23/14) quantity 60. The utilization review determination being challenged is dated 10/20/14. The treating physician provided a single treatment report from 3/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg twice daily (Rx 9/23/14) quantity 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril; Muscle relaxants (for pain) Page(s): 41-42,63-66.

**Decision rationale:** This patient presents with bilateral shoulder/elbow pain. The provider has asked for Flexeril 10mg twice daily (RX 9/23/14) quantity 60. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic pain in the bilateral elbow/shoulder/knee which is not indicated for Flexeril. In addition, this medication is only indicated for short term (2-3 weeks). Therefore, this request is not medically necessary.