

<b>Case Number:</b>	CM14-0020815		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in 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:

According to the records made available for review, this is a 46-year-old female with a 3/13/12 date of injury. At the time (1/9/14) of request for authorization for Flexeril (Cyclobenzaprine) 10mg #60, there is documentation of subjective (continuous neck, back, and bilateral shoulder pain) and objective (slight decrease in range of motion of the cervical spine, decreased strength in C5-8, tenderness of the paraspinals, tenderness in the acromioclavicular joint, and decreased range of motion in the shoulder) findings, current diagnoses (left shoulder rotator cuff tear, left shoulder impingement syndrome, left medial epicondylitis, left tarsal tunnel syndrome, left carpal tunnel syndrome, and left tarsal tunnel release), and treatment to date (medications including Cyclobenzaprine). There is no documentation of acute muscle spasm, the intention to treat over a short course (less than two weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Flexeril use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL (CYCLOBENZAPRINE) 10MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left shoulder rotator cuff tear, left shoulder impingement syndrome, left medial epicondylitis, left tarsal tunnel syndrome, left carpal tunnel syndrome, and left tarsal tunnel release. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 4/16/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril (Cyclobenzaprine) 10mg #60 is not medically necessary.