

<b>Case Number:</b>	CM14-0066181		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Pain Management 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:

This 58 year-old patient sustained a right shoulder injury on 7/12/12 from preventing him from falling and heard a pop in right shoulder while employed by [REDACTED]. Request under consideration include Flexeril 7.5 mg Quantity 60. Report of 8/13/13 from PA-c for the provider noted the patient has chronic right shoulder pain rated at 7/10 radiating down arm; difficulty sleeping; Conservative care has included physical therapy, cortisone injections, medications, modified activities/rest. Medications list Nexium, Vitamin, Aspirin, Rosuvastatin, Raloxifene, Diphenhydramine, Omega 3 fish oil, and Celebrex. Exam showed cervical spine without deformity/ erythema with normal range; left shoulder with normal strength and no effusion/swelling/atrophy; right shoulder with no deformity, erythema, soft tissue swelling or atrophy; moderate tenderness at AC joint, scapula, and trapezius; moderate crepitus at subacromial space; limited range in all directions; slight decreased strength of abduction; 3/5 flexion strength and 3+/5 external rotation strength with positive Hawkin's, neer's impingement. MRI of right shoulder noted normal glenohumeral joint; moderate supraspinatus tendinosis; and hypertrophy of AC joint. Diagnoses included right AC joint OA/ rotator cuff tendon strain/ subacromial impingement syndrome; and shoulder joint pain. Treatment included cortisone shoulder joint injection with PT, HEP, and medications. Report of 2/26/14 from a provider noted the patient with chronic pain in the cervical spine and shoulder. Exam showed tenderness of paraspinas and over trapezius; cervical compression and Spurlings produce pain. Hoffman negative; decreased sensation on right C5, C6 and left C8 dermatomes; normal gait. Diagnoses included cervicalgia/ radiculopathy/ degenerative disc disease. X-ray of cervical spine showed DDD, facet DJD at C4-7. MRI of cervical spine dated 12/3/13 showed HNP resulting in left side NFS at C5-6 and DDD and facet arthropathy at C4-7. No surgery was recommended. Report of 4/8/14 from the provider noted the pateint with cervical spine and right shoulder re-evaluatin for

chronic pain. It was noted the patient is needing Terocin and Flexeril refilled. Exam of cervical spine showed decreased range in all planes, negative Spurling's and Hoffman's testing; muscle spasm with myofascial restrictions from occiput to trapezius and scapular area, 5-/5 motor strength on right and 5/5 on left; sensation grossly intact; no clonus or increased tone; shoulder range was limited by pain. Treatment include Tramadol, Flexeril, Terocin, acupuncture, and massage therapy. The patient remained TTD. It was noted the patient has been prescribed Flexeril since at least 2/25/14 to help with muscle spasm and insomnia due to pain. The request for Flexeril 7.5 mg Quantity 60 was non-certified on 5/6/14 citing guidelines criteria and lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 7.5 mg Quantity 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 Muscle relaxants Page(s): 128.

**Decision rationale:** This 58 year-old patient sustained a right shoulder injury on 7/12/12 from preventing him from falling and heard a pop in right shoulder while employed by [REDACTED]. Request under consideration include Flexeril 7.5 mg Quantity 60. Report of 8/13/13 from PA-c for the provider noted the patient has chronic right shoulder pain rated at 7/10 radiating down arm; difficulty sleeping; Conservative care has included physical therapy, cortisone injections, medications, modified activities/rest. Medications list Nexium, Vitamin, Aspirin, Rosuvastatin, Raloxifene, Diphenhydramine, Omega 3 fish oil, and Celebrex. Exam showed cervical spine without deformity/ erythema with normal range; left shoulder with normal strength and no effusion/swelling/atrophy. MRI of right shoulder noted normal glenohumeral joint; moderate supraspinatus tendinosis; and hypertrophy of AC joint. Diagnoses included right AC joint OA/ rotator cuff tendon strain/ subacromial impingement syndrome; and shoulder joint pain. Treatment included cortisone shoulder joint injection with PT, HEP, and medications. Report of 4/8/14 from the provider noted the pateint with cervical spine and right shoulder re-evaluatin for chronic pain. It was noted the patient is needing Terocin and Flexeril refilled. Exam of cervical spine showed decreased range in all planes, negative Spurling's and Hoffman's testing; muscle spasm with myofascial restrictions from occiput to trapezius and scapular area, 5-/5 motor strength on right and 5/5 on left; sensation grossly intact; no clonus or increased tone; shoulder range was limited by pain. Treatment include Tramadol, Flexeril, Terocin, acupuncture, and massage therapy. The patient remained TTD. It was noted the patient has been prescribed Flexeril since at least 2/25/14 to help with muscle spasm and insomnia due to pain. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of July 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report

of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains TTD. The Flexeril 7.5 mg Quantity 60 is not medically necessary and appropriate.