

<b>Case Number:</b>	CM14-0148736		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	08/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 48 year old male, who sustained an industrial injury on January 26, 2012. He reported an injury to his left shoulder, neck and low back. Treatment to date has included MRI of the lumbar spine, MRI of the cervical spine, MRI of the thoracic spine, medications, and physical therapy, and home exercise program, lumbar epidural steroid injection, left shoulder arthroscopic surgery, and work restrictions. A physician's evaluation on July 16, 2014 revealed the injured worker complained of persistent neck, upper back, low back and left shoulder pain. He reported that his neck pain is his predominant pain and noted he felt more of a spasm. He rated his neck pain a 9 on a 10-point scale. His low back pain radiates to the bilateral lateral side of the lower extremities. He reported that when sitting for a prolonged period of time he experienced numbness in the left leg. He reported that his medications had been helpful and decreased his pain rating to a 2 on a 10-point scale. The diagnoses associated with the request included neck pain, low back pain, upper back pain, left shoulder pain and left carpal tunnel syndrome. The treatment plan included an increase in his home exercise program, Norco, Flexeril, Naproxen, Trazodone, Effexor and Biofreeze gel roll-on.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Flexeril 10mg, 30 tablets for 1 month, 1 tablet every night for symptoms related to the neck, lower back, and left shoulder (DOS: 08/13/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in January 2012 and continues to be treated for left shoulder pain and for pain throughout the spine. When seen, there was no change from previous exams were there had been decreased and painful lumbar range of motion. Flexeril was refilled and being prescribed on a long-term basis. The claimant's BMI is over 53. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.