

<b>Case Number:</b>	CM14-0187764		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	05/09/2000
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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. The expert reviewer is Board Certified in Family Practice, 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 43 yr. old female claimant sustained a work injury on 5/9/2000 on the right shoulder and right hip. She was diagnosed with a right shoulder bursitis, right shoulder impingement and right hip trochanteric bursitis. A progress note on 10/7/14 indicated the claimant had 8/10 right shoulder pain, 8/10 lumbar pain, 8/10 right hip pain and 8/10 right leg pain. Exam findings were notable impingement findings on the right shoulder. The lumbar spine and right hip had reduced range of motion. He had decreased sensation in the L4-S1 dermatome. The treating physician requested Norco, Flexeril and Ibuprofen for pain relief and muscle relaxation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Cyclobenzaprine 7.5 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

**Decision rationale:** According to the MTUS guidelines: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with

fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the claimant had been given Flexeril for a month supply. There was no indication of spasms. The use of Flexeril for a month is not medically necessary.