

<b>Case Number:</b>	CM14-0191011		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	10/16/2005
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old female, with a date of injury of 10/16/2005. The listed diagnoses are s/p left shoulder arthroscopy x2, cervical sprain with left upper extremity radiculopathy and abdominal strains with multiple hernias. According to progress report 10/20/14, the patient presents with neck and left shoulder pain. Pain ranges between 4-5/10 and worsens with ADL's. Pain is improved with rest, therapy, and massages. The patient is requesting early replacement on two medications, Flexeril and Hydromorphone as they were inadvertently thrown out by the home care health aide. Physical examination revealed tenderness about the upper back and neck. Abdomen showed slight tenderness and prominence at her hernia sites. Cervical rotation was performed with discomfort. The shoulder region has "some discomfort but she does it without guarding or embellishment." The request is for Flexeril #90 with 2 refills, as they help her reduce her ongoing neck spasms. The utilization review denied the request on 10/30/14. Treatment reports from 1/2/13 through 10/20/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg, ninety count with two refills:** 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 MTUS Flexeril, Cyclobenzaprine (Flexeril). Page(s): 41-42.

**Decision rationale:** This patient presents with neck and left shoulder pain. The current request is for FLEXERIL 10MG NINETY COUNT WITH TWO REFILLS. MTUS Chronic Pain Medical Treatment Guidelines for Flexeril, pg 41-42: Cyclobenzaprine (Flexeril) Recommended as an option, using a short course of therapy. "Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The patient has been utilizing Flexeril for muscle spasms since 8/11/14. MTUS recommends muscle relaxants for short term use only. The requested Flexeril is not medically necessary.