

<b>Case Number:</b>	CM14-0201665		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The claimant has a history of work injury occurring on 05/01/13 when, while working as a fish cutter, he had right shoulder and arm pain. Treatments included medications, physical therapy, and injections. On 11/13/13 the claimant underwent a right shoulder arthroscopic subacromial decompression. On 07/16/14 he underwent a second surgery with biceps tenodesis and labral debridement. He was seen by the requesting provider on 07/25/14 for post-operative follow-up. He was having right biceps pain. He was continued in a shoulder immobilizer. On 08/21/14 he had shoulder and biceps tenderness. There was guarded passive range of motion. He had developed a rash from the immobilizer. He was having numbness in the third through fifth fingers of his right hand. Urine drug screening was performed. Norco 10/325 mg #60 was refilled and Neurontin 300 mg #30 was prescribed. On 09/06/14 he was having ongoing right shoulder pain. Physical therapy was scheduled for the next day. Norco was refilled. On 10/23/14 he was seen for an urgent visit. He had increased shoulder pain and swelling. He had completed physical therapy treatments. Medications included Norco and Flexeril. Physical examination findings included right shoulder tenderness with dysesthesias. There was decreased range of motion. There was hypertrophy over the lateral arthroscopic portal site. Authorization for additional physical therapy was requested. Norco was discontinued and tramadol ER and Lidoderm were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flexeril 7.5 mg # 90, DOS 10/23/14: 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); Muscle relaxants Page(s): 41; 63.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for chronic right shoulder pain. He underwent arthroscopic surgery in November 2013 with a second surgery in July 2014. 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 long term use of at least three months and was therefore not medically necessary.