

<b>Case Number:</b>	CM15-0001125		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/24/1998
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Maryland

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

### 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 73 year old male who sustained an industrial injury on 6/24/98. The injured worker reported symptoms in the back. The diagnoses included bilateral shoulders rotator cuff tear. Treatments to date have included physical therapy, oral pain medication, oral muscle relaxant, and epidural steroid injection treatments. Provider documentation dated 11/6/14 noted the injured worker presents with "increasing pain and weakness in her shoulders". The treating physician is requesting Flexeril 10mg, quantity 60. On 12/3/14, Utilization Review non-certified a request for Flexeril 10mg, quantity 60, The MTUS, ACOEM Guidelines,(or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** 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 Cyclobenzaprine Page(s): 41-42 & 64.

**Decision rationale:** Cyclobenzaprine 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine 10#60 is not medically necessary.