

<b>Case Number:</b>	CM15-0017626		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/07/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on 7/7/12. The injured worker has complaints of right shoulder pain. The diagnoses have included impingement syndrome of the shoulder on the right with evidence of biceps tendonitis, acromioclavicular joint wear, labral tear and glenohumeral wear and other affections of shoulder region, not elsewhere classified. Treatment to date has included chiropractic; right shoulder injection with 30% relief; therapy and medications. Magnetic Resonance Imaging (MRI) of the right shoulder showed tendinosis, labral tear, degenerative changes along the acromioclavicular joint and some glenohumeral wear. The requested treatment is for flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are impingement syndrome of the shoulder on the right with evidence of biceps tendinitis, acromioclavicular joint wear and glenohumeral wear; and impingement syndrome of the shoulder on the left with tendinosis, labral tear and glenohumeral wear. Page 1 of the January 7, 2015 note is present in the medical record. A December 3, 2015 progress note indicates Flexeril 7.5 mg as prescribed to the worker. There are no back complaints of an acute nature or chronic nature documented in the medical record. There is no clinical indication or rationale for Flexeril 7.5 mg documented the medical record. The January 7, 2015 progress note does not contain objective signs, an assessment or plan. Additionally, Flexeril 7.5 mg is indicated for short-term (less than two weeks) treatment of acute low back pain and acute exacerbation of chronic low back pain. Flexeril was prescribing excess of the recommended guidelines for short-term use. Consequently, absent clinical documentation with objective functional improvement and objective evidence of muscle spasm, acute low back pain or an acute exacerbation of chronic low back pain in excess of the recommended guidelines for short-term use, Flexeril 7.5 mg #60 is not medically necessary.