

<b>Case Number:</b>	CM15-0146659		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

Certification(s)/Specialty: Emergency 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 57 year old male who sustained an industrial injury on 9-12-14 when the chair he was sitting in collapsed causing him to fall on his left shoulder. He experienced left shoulder pain. He was medically evaluated and diagnosed with left shoulder contusion, strain. He was given medications, had left shoulder radiographs and was returned to work on modified duty. He had a prior work related injury 7-2014 injuring the lumbar spine. On physical exam (6-17-15) of the left shoulder there was tenderness to palpation over the anterior capsule and subacromial region, subacromial crepitus, anterior pain with impingement test and Cross arm test, decreased range of motion; the cervical spine revealed tenderness to palpation with muscle guarding, localized pain with Axial Compression test, and decreased range of motion. The 12-23-14 note indicated muscle spasms in the cervical and lumbar spine. Physical therapy progress note dated 6-22-15 notes improved left shoulder movement but pain level remains at 6-7 out of 10. Diagnoses include status post left shoulder rotator cuff repair; cervical and lumbar spine musculoligamentous sprain, strain. Treatments to date include medications; physical therapy; continuous passive motion machine. On 6-17-15 the treating provider requested Flexeril 10 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flexeril 10mg #60: 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) Page(s): 41-42.

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 1month. The number of tablets is not consistent with short term use and exceeds guidelines for short term(less than 2-3weeks) use. Cyclobenzaprine is not medically necessary.