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| <b>Case Number:</b>   | CM15-0164397 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 06/15/2010 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 07/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54 year old female sustained an industrial injury to the right arm, right hand, shoulders and neck on 6-15-10. Bilateral shoulder ultrasound (7-31-13) showed large partial rotator cuff tear with bursitis. Bilateral knee ultrasound (8-27-14) showed a left large medial meniscus tear with cartilage loss and right mild narrowing of the medial joint line with medial meniscus degeneration. Previous treatment included left elbow surgery, injections, physical therapy and medications. In a PR-2 dated 7-2-15, the injured worker physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with decreased range of motion and positive left straight leg raise. Current diagnoses included bilateral shoulder sprain and strain and impingement with partial rotator cuff tear and bursitis, lumbar spine sprain and strain with bilateral lower extremity raid, bilateral sacroiliac joint sprain and strain, cervical spine sprain and strain, bilateral knee patellofemoral arthralgia, left elbow epicondylitis, bilateral wrist tendinitis, carpal tunnel syndrome, hypertension, diabetes mellitus, weight gain, acid reflex and sleep disturbance. The treatment plan included follow up with pain management, starting Ultram and continuing Flexeril and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg Qty: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with NSAIDS and opioids for several months. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.