

<b>Case Number:</b>	CM15-0203564		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	11/22/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 41 year old female, who sustained an industrial injury on 11-22-2014. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for rule out lumbar disc herniation, right shoulder impingement versus rotator cuff tear, and rule out cervical disc herniation. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, acupuncture, injections, and medications. Recent medications have included Flexeril (since at least 06-11-2015) and Relafen. Subjective data (08-14-2015 and 09-03-2015), included right shoulder, neck, and low back pain. Objective findings (09-03-2015) included tenderness of cervical paraspinous on the right trapezius, right parascapular region, and over her right shoulder, pain with internal and external rotation of the right shoulder, and positive empty can and impingement signs on the right side. The request for authorization dated 09-09-2015 requested Cyclobenzaprine-Flexeril 7.5mg #90 and Nabumetone-Relafen. The Utilization Review with a decision date of 09-17-2015 denied the request for Cyclobenzaprine-Flexeril 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine - Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). 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, cyclobenzaprine - Flexeril 7.5mg #90 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 rule out lumbar disc herniation; right shoulder impingement versus rotator cuff tear; and rule out cervical disc herniation. Bit of injury is November 22, 2014. Request authorization is September 10, 2015. The documentation contains a progress note from [REDACTED] that is undated. The injured worker was prescribed Flexeril at that time. According to an August 13, 2015 initial visit with the requesting provider, Flexeril was refilled at that time. According to a September 3, 2015 progress note, current medications include ongoing Flexeril. Subjectively, complaints include right shoulder pain that radiates to the trapezius and low back pain. Objectively, there is spasm and guarding in the lumbar spine. There was a peer-to-peer conference between the utilization reviewer and the PA at the provider's office. The PA indicated Flexeril helped on a chronic basis. Flexeril is 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. There is no documentation of acute low back pain or acute exacerbation of chronic low back pain. Flexeril has been prescribed for an unknown/unspecified duration. At a minimum, Flexeril was prescribed as far back as August 13, 2015 (approximately one month). However, the treating providers at Kaiser prescribed Flexeril for an unspecified period. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of the recommended guidelines for short-term use (less than two weeks, cyclobenzaprine - Flexeril 7.5mg #90 is not medically necessary.