

<b>Case Number:</b>	CM15-0023678		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/06/1998
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58-year-old female who reported an injury on 05/06/1998 due to an unspecified mechanism of injury. On 02/17/2015, she presented for a follow-up evaluation regarding her work related injury. She stated that she was in constant pain in the neck and right shoulder. She also noted an associated burning sensation in the arm and hypersensitivity. She rated her pain at an 8/10 at its best, 4/10 with medications, and 10/10 without. She reported a 50% reduction in her pain and 50% functional improvement with activities of daily living with her medications versus not taking them. A physical examination of the right shoulder showed tenderness over the subacromion and limited range of motion with all planes. There was also crepitus noted on passive motion. There were ongoing signs of allodynia to light touch and summation to pinprick intensifying her pain in the right upper extremity. The right upper extremity was cold to touch by comparison of the left and there was a positive Tinel's sign at the ulnar groove. Neck range of motion was limited in all planes and cervical compression, Valsalva, and Hoffman's signs were negative. Her medications included methadone 5 mg at bedtime for night time pain, Norco 7.5/325 mg 3 times a day as needed for breakthrough pain, Senokot 2 tabs at bedtime for constipation from narcotic use, omeprazole 20 mg for dyspepsia, clonidine 0.1 mg at bedtime to offset sympathetic mediated symptoms, and Flexeril 10 mg 1 every day as needed for shoulder girdle spasms. The treatment plan was for Flexeril 10 mg #30 with 2 refills. The rationale for treatment was for shoulder girdle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 with 2 refills:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate that non-sedating muscle relaxants are recommended as a short-term therapy option for those with low back pain. While it is noted that the injured worker was receiving a 50% reduction in her pain and improvement in her function due to her medications, there was a lack of documentation regarding how long she has been using Flexeril for treatment. Without this information, continuing the medication would not be supported as it is only recommended for short-term treatment. Also, the frequency of the medication was not stated within the request. Furthermore, 2 refills would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.