

<b>Case Number:</b>	CM15-0025845		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 51 year old male, who sustained an industrial injury on 03/18/2011. The initial complaints or symptoms included neck, left shoulder and left hearing injury due to a motor vehicle accident. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, left shoulder surgery, and conservative therapies. Currently, the injured worker complains of improving left shoulder and increased pain in the neck due to colder weather. The diagnoses include left shoulder contusion and sprain, possible internal derangement of the left shoulder, muscle weakness, shoulder joint stiffness, and cervical sprain. The treatment plan consisted of medications (including Flexeril).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg by oral twice per day #40: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines flexeril  
 Page(s): 41.

**Decision rationale:** While the medical records provided for review indicate muscle pain and tenderness, the medical records do not indicate quantity or quality of specific degree of improvement or ongoing functional improvement as result of the medication. Prolonged or continued use of Flexeril is not supported without documentation of specific functional gain. As such the medical records do not support use of Flexeril congruent with ODG guidelines. The request is not medically necessary.