

<b>Case Number:</b>	CM15-0028565		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/30/2007
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 73 year old male, who sustained an industrial injury on 10/30/07. He has reported shoulder injury. The diagnoses have included right shoulder impingement. Treatment to date has included medications, diagnostics, conservative measures, physical therapy, surgery and Transcutaneous Electrical Nerve Stimulation (TENS). Surgery included right shoulder rotator cuff repair in 2010. Currently, the injured worker complains of right shoulder pain rated 6/10 on pain scale. He states that the medication enables him to have a greater function and activity level. He reports a significant decrease in pain with use of medication. Magnetic Resonance Imaging (MRI) of the right shoulder dated 9/4/14 revealed previous rotator cuff repair surgery, complete tear of the supraspinatus tendon, partial tear of the infraspinatus tendon, tendinosis, high grade tear of the biceps anchor and proximal biceps tendon and degeneration with small degenerative tears of the labrum. Physical exam revealed tenderness right shoulder and limited range of motion. Treatment plan was for medications, Transcutaneous Electrical Nerve Stimulation (TENS) and physical therapy. Work status was temporary partially disabled. On 2/6/15 Utilization Review non-certified a request for Cyclobenzaprine 7.5mg, noting the medication could be indicated for short term use of myospasm, there was no documentation of myospasm at the time of the request. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg:** 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 cyclobenzaprine Page(s): 41.

**Decision rationale:** MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. The medical records do not document the presence of spasm. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines.