

<b>Case Number:</b>	CM15-0215374		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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, District of Columbia, Maryland  
 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 55 year old male who sustained an industrial injury 08-29-08. A review of the medical records reveals the injured worker is undergoing treatment for progression of rotator cuff tendinosis , status post right shoulder surgery, partial thickness tear of supraspinatus tendon of left shoulder, right sided C5-6 dorsal rami involvement, C6-7 midline and left paracentral disc bulge and desiccation at C3-6, and chronic myofascial pain syndrome. Medical records (10-16-15) reveal the injured worker complains of bilateral shoulder and neck pain with radicular pain in the right upper extremity greater than left, rated at 5-7/10. The physical exam (10-16-15) reveals bilateral shoulder elevation is limited. Right shoulder rotator cuff sign is "strongly" positive. Localized tenderness is present at the right acromioclavicular joint area. There is a loss of normal lordosis curve at the cervical spine. Cervical spine range of motion is restricted. Paravertebral muscle spasm and localized tenderness is present in the lower cervical and right supraclavicular region. Prior treatment includes stretches, as well as medications including Duragesic patch, Protonix, Neurontin, Flexeril, Relafen, and Colace. The original utilization review (10-26-15) non certified the request for flexeril 7.5mg #30. The documentation supports that the injured worker has been on Flexeril since at least 08-19-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. The documentation submitted for review indicates that the injured worker has been using this medication 10/2014. There is no documentation of the patient's specific functional level or percent improvement with treatment with Flexeril. As it is recommended only for short-term use, medical necessity cannot be affirmed. The request is not medically necessary.