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| <b>Case Number:</b>   | CM15-0044165 |                              |            |
| <b>Date Assigned:</b> | 03/16/2015   | <b>Date of Injury:</b>       | 07/02/2014 |
| <b>Decision Date:</b> | 04/16/2015   | <b>UR Denial Date:</b>       | 02/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 44-year-old male who sustained an industrial injury to his right shoulder and right arm on July 2, 2014. A magnetic resonance imaging (MRI) of the cervical spine performed on December 16, 2014 was reported as normal. Bilateral upper extremity electromyography (EMG) was done on January 13, 2015. The injured worker was diagnosed with possible right rotator cuff pathology, left carpal tunnel syndrome and bilateral ulnar neuropathy. The injured worker has had no surgical intervention to date. According to the primary treating physician's progress report on February 17, 2015, the injured worker continues to experience right shoulder pain with numbness radiating to his elbow, 4th and 5th fingers. Examination of the right shoulder demonstrated decreased abduction with a pop in the shoulder and positive impingement maneuvers. Examination of the right upper extremity demonstrated decreased sensation in the right lateral arm and the 4th and 5th finger, positive Tinel's at the right elbow, negative Tinel's at the wrist and decreased grasp. Current medications consist of Tramadol, Naproxen, Flexeril, Lunesta and Omeprazole. The primary treating physician is requesting authorization for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Opioids and NSAIDs. Continued and chronic use of Flexeril is not medically necessary.