

<b>Case Number:</b>	CM15-0050466		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 sustained an industrial injury on 03/10/2011. Current diagnoses include myofascial pain syndrome, tendonitis and impingement syndrome left shoulder, and possible cervical radiculopathy. Previous treatments included medication management, injections, physical therapy, hot and cold modalities, and home stretching. Diagnostic studies included x-rays of the left shoulder, and hands and wrists bilaterally. Initial complaints included both hands and left shoulder pain. Report dated 02/18/2015 noted that the injured worker presented with complaints that included left shoulder pain, numbness, tingling, and weakness in the arms and hands. Pain level was rated as 4-5 out of 10 at rest and 7-8 out of 10 with activity on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included recommendation to seek treatment and evaluation to rule out cervical radiculopathy, request for authorization for acupuncture, prescriptions for Motrin, topical Voltaren gel, omeprazole, Norco, and a new prescription for Flexeril due to musculoskeletal symptoms. Disputed treatment includes Flexeril 10mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** 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): 63-66.

**Decision rationale:** The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for FLEXERIL 10MG #30. Per 02/18/15 progress report, the patient is taking Motrin, Topical Voltaren Gel, Omeprazole and Norco. A new prescription for Flexeril is provided. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the 02/18/15 progress report indicates that a new prescription for Flexeril 10MG #30 q.h.s. (each night before bed) is given to the patient. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request IS NOT medically necessary.