

<b>Case Number:</b>	CM15-0051163		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Texas, 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:

This is a 56-year-old male patient, who sustained an industrial injury on 1/18/12. The diagnoses include left shoulder rotator cuff tear, left shoulder internal derangement, left shoulder pain and left shoulder impingement. Per the doctor's note dated 1/30/2015, he had complains of pain in shoulder with weakness. Physical examination revealed left shoulder- limited range of motion, spasm and stiffness. The current medications list includes norco, protonix, flexeril and motrin. He has undergone left shoulder surgery. He has had physical therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 MG 60 Tabs:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Flexeril 7.5 MG 60 Tabs Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS,

Chronic pain medical treatment guidelines, Cyclobenzaprine is Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. 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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had left shoulder pain with history of left shoulder pain. Physical examination revealed spasm, stiffness and restricted range of motion. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, Flexeril is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 7.5 MG 60 Tabs is medically appropriate and necessary to use as prn during acute exacerbations.