

<b>Case Number:</b>	CM15-0055325		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Pennsylvania  
 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 54 year old female, who sustained an industrial injury on 11/19/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as left shoulder impingement and bicipital tendinitis with status post left shoulder decompression and labral repair. Treatment to date has included surgery, physical therapy, H-wave use and medication management. In a progress note dated 2/26/2015, the injured worker complains of left shoulder post-operative pain. The treating physician is requesting Flexeril and Tylenol #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41 and 42.

**Decision rationale:** Flexeril is an anti-spasmodic used to decrease muscle spasm although antispasmodics are often used to treat pain even in the absence of spasm. Flexeril is not recommended for use longer than 2-3 weeks with a dose up to 10 mg 3 times a day. It appears that in this case the medication is being prescribed short term for acute pain and is not intended or planned for long term or chronic use. Although more commonly used for acute exacerbations of low back pain, there is no suggestion that it would not be beneficial for other sources of acute musculoskeletal pain.

**Tylenol #3 #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** It is evident from the documentation that the prescription of Tylenol #3 was only intended short term for acute pain, not chronic pain, and was being prescribed as a means of overall reduction in opioid dose in place of another narcotic that she was already taking and not tolerating well. The criteria for long-term use of opioids or ongoing assessment do not apply in this case since the medication is just being initiated and long term use is not anticipated and the record clearly states that the medication would be weaned at the next visit. Tylenol #3 is appropriate for mild to moderate pain. The short-term use of Tylenol #3 for acute post-operative pain in this case is medically necessary.