

<b>Case Number:</b>	CM15-0056119		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 44-year-old who has filed a claim for chronic shoulder and mid back pain reportedly associated with an industrial injury of April 10, 2008. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for Flexeril (cyclobenzaprine). Norco, conversely, was approved. A RFA form received on March 13, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated March 13, 2015, Norco, Flexeril, Celebrex, and Prilosec were renewed. In an associated progress note dated May 5, 2015, it was acknowledged that the applicant had ongoing complaints of shoulder and elbow pain. It was acknowledged that the applicant was not working at this point in time. The applicant was status post earlier shoulder surgery and had developed issues with alleged thoracic outlet syndrome (TOS), it was acknowledged. On February 5, 2015, Celebrex, Prilosec, Flexeril, and Norco were again renewed. Once again, it was acknowledged that the applicant was not working.

### 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 Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Celebrex, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the applicant had been using cyclobenzaprine for a minimum of several months prior to the date of the request. Thus, the request did, in a fact, represent treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.