

<b>Case Number:</b>	CM15-0231696		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: 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 26 year old female, who sustained an industrial injury on 5-30-2014. The injured worker is undergoing treatment for cervical strain and unspecified site of shoulder and upper arm. Medical records dated 9-25-2015 indicate the injured worker complains of "constant severe pain in her neck and left shoulder." Pain is rated 7 out of 10. Physical exam dated 9-25-2014 notes neck and left shoulder tenderness to palpation. Treatment to date has included negative cervical and left shoulder magnetic resonance imaging (MRI) and physical therapy. The treating physician indicates the injured worker has been working since 9-1-2015. The original utilization review dated 11-10-2015 indicates the request for Flexeril 10mg #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**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 NSAIDS. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.