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| <b>Case Number:</b>   | CM15-0233752 |                              |            |
| <b>Date Assigned:</b> | 12/09/2015   | <b>Date of Injury:</b>       | 09/30/2002 |
| <b>Decision Date:</b> | 01/20/2016   | <b>UR Denial Date:</b>       | 11/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/30/2015 |

### 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 54-year-old female who sustained an industrial injury on 9-30-2012 and has been treated for multilevel cervical discopathy with radiculopathy, left intrinsic shoulder pathology, thoracic strain and arthrosis, lumbosacral strain, arthrosis and discopathy with radiculopathy. She is noted to be status post right shoulder arthroscopy, and subsequent Bankart repair, labral debridement, loose body removal, rotator cuff debridement, revision, subacromial decompression, and Mumford procedures; and, she is status post bilateral carpal tunnel release with recurrence. On 11-20-2015, the injured worker reported continued neck and low back pain. Significant objective findings included pain with range of motion to the left, and sharp pain on the right of her neck shooting towards the elbow. Documented treatment includes home exercise and previous pain medication not discussed in this note. A previous note dated 5-20-2015, shows she had been prescribed Hydrocodone and Lorazepam. The injured worker is noted to be in the process of transitioning between physicians who normally prescribe and monitor her medications. Through a recommendation of the previous physician, Tylenol #4 and Flexeril are being prescribed at this visit. The provider states that a pain management contract and medication monitoring are handled by the other physicians. The treating physician's plan of care includes a request for Flexeril 10 mg, #120 which was denied on 11-20-2015. Current work status is temporary totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg quantity 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

**Decision rationale:** The patient was injured on 09/30/12 and presents with pain in her neck, shoulder, thoracic spine, and lumbar spine. The request is for Flexeril 10 MG quantity 120. The RFA is dated 11/10/15 and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the 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." The patient has neck pain with range of motion to the left and sharp pain on the right of her neck shooting towards the elbow. She is diagnosed with multilevel cervical discopathy with radiculopathy, left intrinsic shoulder pathology, thoracic strain and arthrosis, lumbosacral strain, arthrosis and discopathy with radiculopathy. MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the requested 120 tablets exceeds guidelines. Therefore, the requested Flexeril is not medically necessary.