

<b>Case Number:</b>	CM14-0175950		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

55-year-old female claimant reported industrial injury on October 7, 2011. Ultrasound of bilateral shoulders from August 28, 2012 discloses periscapular strain with partial tear of the supraspinatus tendon bilaterally. Operative report January 29, 2014 demonstrates arthroscopic right shoulder rotator cuff repair. Exam note August 8, 2014 demonstrates patient's complaint of right shoulder pain. Patient reports on-and-off flare of left shoulder pain she manages his medication, home exercise program and use of electrical muscle stimulation unit. Objective findings of the right shoulder demonstrate a well-healed surgical scar and tenderness palpation over the supraspinatus tendon. Impingement testing cross-arm test noted to be positive. Range of motion of the right shoulder was measured to 50 of extension of 30 and abduction is 60. There is 4 out of 5 strength noted in all planes on manual motor testing of the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 MG Twice A Day Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." In this particular case the patient has no evidence in the records of 8/8/14 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.