

<b>Case Number:</b>	CM15-0007539		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 60 year old female, who sustained an industrial injury on 02/15/2011. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with status post right shoulder arthroscopy with distal clavicle resection, possible right cervical radiculopathy with triceps and brachioradialis weakness, right acromioclavicular joint arthritis, and recurrent right shoulder impingement syndrome. Treatment to date has included laboratory studies, physical therapy, home exercise program, above listed surgical procedures, use of transcutaneous electrical nerve stimulation unit, and an oral medication regimen. Currently, the injured worker complains of right shoulder pain with numbness radiating to the right upper extremity that is rated a six out of ten with medication and increases to a seven to eight out of ten without medication. The injured worker also has complaints of right lower back numbness. The treating physician requested Flexeril but documentation did not indicate the reason for the requested treatment. On 12/29/2014 Utilization Review non-certified the requested treatment for Flexeril 10mg with a quantity of 90, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics, Page(s): page 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril) UpToDate, Flexeril

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." The patient has been taking Flexeril for over 6 months which is well outside of the treatment guidelines. As such, the request for Flexeril 10mg #90 is not medically necessary.