

<b>Case Number:</b>	CM15-0118065		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Emergency 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 injured worker is 34 a year old female, who sustained an industrial injury on 09/27/2013. On provider visit dated 05/26/2015 the injured worker has reported chronic right shoulder and neck pain. Objective findings were noted as no significant changes. The diagnoses have included chronic right shoulder pain and chronic neck pain with radiation down to right upper extremity. Treatment to date has included medication as followed: Norco, Ibuprofen, Relafen, Biofreeze topical and Flexeril. The injured worker was noted to be working with restrictions. There was no clear evidence of any significant reduction in pain level noted. The provider requested Flexeril 10mg for spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg Qty: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Flexeril 10mg Qty: 60.00 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic right shoulder and neck pain. Objective findings were noted as no significant changes. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg Qty: 60.00 is not medically necessary.