

<b>Case Number:</b>	CM15-0127624		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	03/27/2005
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 was a 60 year old male, who sustained an industrial injury, March 7, 2005. The injured worker previously received the following treatments lumbar spine MRI, cervical spine MRI, right shoulder MRI, right sternoclavicular joint, Flexeril, Omeprazole, Naproxen, left shoulder injections, Neurontin, Voltaren XR, Mentherm Gel, acupuncture, Ketoprofen, Mobic, Celebrex and Voltaren Gel. The injured worker was diagnosed with myofascial pain syndrome, cervical sprain, rotator cuff syndrome, cervical radiculopathy, bilateral shoulder symptoms and bilateral shoulder surgeries. According to progress note of September 22, 2014, the injured worker's chief complaint was continued bilateral shoulder pain and cervical pain and associated numbness in the bilateral arm. The physical exam noted positive Spurling's test on the left shoulder along with impingement signs. There was decreased range of motion by 10% in the left shoulder. The treatment plan included prescriptions for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5mg #90 with three refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are myofascial pain syndrome; cervical spine strain; bilateral rotator cuff syndrome; left cervical radiculopathy; and s/p bilateral shoulder surgery. The date of injury is March 7, 2005. Request for authorization is June 15, 2015. The most recent progress note in the medical record is dated September 22, 2014 with an appeal dated October 25, 2014. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization June 15, 2015. The earliest progress note containing a muscle relaxant is dated July 23, 2012 (Zanaflex). Zanaflex was changed to Flexeril according to a progress note dated July 15, 2013. Flexeril was continued through October 25, 2014. There is no documentation indicating acute low back pain or an acute exacerbation of chronic low back pain. Flexeril is indicated for short-term (less than two weeks). Flexeril was continued, at a minimum, for 15 months (through October 25, 2014. Consequently, absent contemporary clinical documentation on or about the date of request for authorization (June 15, 2015), continued use well in excess of the recommended guidelines for short-term use (15 months), no documentation demonstrating objective functional improvement, Flexeril 7.5mg #90 with three refills is not medically necessary.