

<b>Case Number:</b>	CM15-0170986		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, Hawaii  
 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(n) 46 year old female, who sustained an industrial injury on 10-20-10. The injured worker was diagnosed as having impingement syndrome and bicep tendinitis and chronic pain. The physical exam (4-14-15 through 5-14-15) revealed restricted cervical and bilateral shoulder range of motion, positive cervical discogenic provocative maneuvers and positive impingement signs and 6-9 out of 10 pain in the left shoulder. Treatment to date has included a TENS unit, Tramadol and Flexeril (since at least 12-13-13). On 3-25-15 the treating physician decreased Flexeril 10mg to Flexeril 7.5mg. As of the PR2 dated 5-27-15, the injured worker reports ongoing pain in the left shoulder. The injured worker reported she is unable to do any physical activities around the house and only cooks in the evening. Objective findings include left shoulder internal and external range of motion is 60 degrees, tenderness along the acromioclavicular joint, biceps tendon and posterior capsule and a positive Hawkin's test. The treating physician requested Flexeril 7.5mg #60. On 7-22-15 the treating physician requested a Utilization Review for Flexeril 7.5mg #60. The Utilization Review dated 7-29-15, non-certified the request for Flexeril 7.5mg #60. The physician reviewer cited the MTUS chronic pain treatment guidelines, page 64-66: muscles relaxants (for pain).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60 (Rx 05/27/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The attending physician report dated 5/27/15 indicates the patient has ongoing left shoulder pain that travels to the elbow and fingers. She has limited overhead reaching. The current request for consideration is Flexeril 7.5mg #60 (Rx 5-27-15). The attending physician offers no discussion for the request for Flexeril. Flexeril is an antispasmodic. The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is not recommended beyond three weeks. In this case, the medical records do not indicate that the patient either complains of muscle spasms and the physical examination does not indicate that muscle spasms are present. As such, the medical records do not establish medical necessity for this request.