

<b>Case Number:</b>	CM15-0064993		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 44 year old female, who sustained an industrial injury on 3/31/2010. She reported a repetitive type injury to the right shoulder and bilateral wrists. Diagnoses include right shoulder pain. Treatments to date include medication therapy, chiropractic therapy, home exercise, and shockwave treatments. Currently, she complained of right shoulder pain and muscle spasm. On 1/21/15, the physical examination documented a trigger point noted near right parascapular region. She has had diminished cervical spine and right shoulder range of motion and tenderness of the cervical musculature and the right shoulder. An injection was provided on this date. She has been prescribed numerous rounds of Flexeril for flare-ups of her chronic muscular pain but appears to have been taking Flexeril at bedtime to assist with her sleep issues. The plan of care included continuing full time work and medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41-42, 64.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. It is 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. Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. In this instance, it appears the Flexeril prescribed at bedtime has been prescribed as a sleep aide and it seems it has been in continuous use for a period of several months at least. Flexeril does not have a CA MTUS recommendation for use as a sleep aide. Therefore, Flexeril 10 mg #30 is not medically necessary per the guidelines cited.