

<b>Case Number:</b>	CM15-0072388		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 is a 34 year old female who sustained an industrial injury on 9/27/13. The injured worker reported symptoms in the right shoulder and right upper extremity. The injured worker was diagnosed as having chronic right shoulder pain and chronic neck pain with radiation down to right upper extremity. Treatments to date have included oral pain medication and muscle relaxants. Currently, the injured worker complains of right shoulder and right upper extremity pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS 2/3/2015) for Flexeril 10mg #60:** Upheld

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

**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 10 mg #60 (date of service February 3, 2015) 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 worker's working diagnoses are chronic right shoulder pain; chronic neck pain with radiation down right upper extremity. The earliest progress note in the medical record that documents Flexeril 10 mg is dated October 30, 2014. The treating provider prescribed Flexeril 10 mg one daily. A progress note dated February 3, 2015 shows Flexeril 10 mg one daily was continued through that time. Flexeril is indicated for short-term treatment of acute low back pain or an acute exacerbation of chronic low back pain. Additionally, Flexeril is indicated for short-term (less than two weeks) treatment. The treating provider has prescribed and continued Flexeril 10 mg in excess of four months. This is well in excess of the recommended guidelines for short-term use. There is no documentation of an acute exacerbation of chronic low back pain or acute low back pain. Consequently, absent compelling clinical documentation with muscle spasm, objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Flexeril 10 mg #60 (date of service February 3, 2015) is not medically necessary.