

Case Number:	CM13-0044369		
Date Assigned:	12/27/2013	Date of Injury:	07/19/2011
Decision Date:	06/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 23 year old female injured on 07/19/11 due to an undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Diagnoses included ulnar nerve lesion and pain in joint of hand. The clinical notes indicated the patient underwent acupuncture, medication management, and eventually surgical intervention including 2 surgeries to the left wrist and one to the left elbow. The patient reported no improvement in symptoms. The clinical documentation indicated the patient continued to have left wrist and upper extremity pain with progression to entire left upper extremity and neck pain unrelieved by conservative measures. The patient reported she required increasing doses of Norco for pain management. Norco was replaced with buprenorphine; additionally, the Zanaflex was exchanged for Flexeril for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXIRIL 7.5MG: Upheld

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

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has been obtaining a 30 day supply of Cyclobenzaprine on a monthly basis for greater than one month; exceeding the 2-4 week window for acute management and also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of Cyclobenzaprine following initiation. As such, the medical necessity of Flexiril 7.5MG cannot be established at this time.