

Case Number:	CM14-0167227		
Date Assigned:	10/14/2014	Date of Injury:	03/12/2009
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 52 year old man with a date of injury of 3/12/09. He was seen by his physician on 9/25/14 with complaints of bilateral hand numbness, tingling and pain. His medications included Prilosec, Amitriptyline, Propranolol, Trazodone, Flexeril, Sertraline, Meclizine, Gabapentin and Alprazolam. His exam showed tenderness to the medial and antecubital elbow and medial epicondyle. He had positive ulnar nerve and upper median nerve Tinel sign and elbow flexion test with paresthesias in an ulnar distribution. He had mild right wrist/hand swelling with volar tenderness. He had full wrist range of motion. He had a positive Tinel and Phalen's sign and Durham test. His diagnoses were PN carpal tunnel syndrome bilateral and PN protator tunnel-right, cubital tunnel syndrome status post right in situ ulnar nerve release bilateral, DeQuervain's left and cervical radiculopathy. At issue in this review is the refill of Flexeril. Prior length of therapy is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 7.5 mg TAB #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has hand and wrist pain with an injury sustained in 2009. His medical course has included numerous treatment modalities including surgery and ongoing use of several medications including muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. There is also no spasm documented on exam. The Cyclobenzaprine's medical necessity is not supported in the records.