

Case Number:	CM14-0033159		
Date Assigned:	06/20/2014	Date of Injury:	02/02/2012
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old male who was injured on 2/2/10. Later he was diagnosed with cervical pain, cervical radiculopathy, elbow pain, entrapment neuropathy of upper limb, carpal tunnel syndrome, shoulder pain, lateral epicondylitis, and wrist pain. Treatments for these conditions over the years included oral opioids, muscle relaxants, Lyrica, sleep aids, surgeries (carpal tunnel surgical release, right lateral epicondylar surgery), steroid injections, physical therapy, chiropractor treatments, and exercise. He was seen by his treating physician on 2/20/14 complaining of his neck pain which radiated down both arms, rated at a 6/10 on the pain scale and low back pain rated at a 6/10 on the pain scale, as well as elbow pain, rated at a 5/10. He reported then that his medications make the pain more tolerable, but reported no change in location of the pain. He reported then that he didn't sleep well and that his activity levels had remained the same as before. He was then prescribed his usual medications including Pristiq, Norco, Trazodone, Colace, Senokot, Lyrica, Flexeril, and Nexium. The justification for the Flexeril, as stated by the prescribing physician, was that the worker found that with its use his myofascial tension and spastic pain was decreased. It was also recommended he continue an exercise program at home.

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): 63-66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using Flexeril chronically, and according to the records provided the recent visits leading up to the time of the request, including the 2/20/14 visit with his physician, there was no evidence of him going through an acute exacerbation of his chronic pain which might warrant a short course of a muscle relaxants. Therefore, the Flexeril is not medically necessary.