

Case Number:	CM14-0043019		
Date Assigned:	06/30/2014	Date of Injury:	08/02/2012
Decision Date:	08/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 48-year-old male with date of injury of 08/02/2012. The listed diagnoses per [REDACTED] dated 01/08/2014 are right wrist complete arthroscopic synovectomy, lunate-triquetral arthroplasty utilizing a splint midcarpal ligament fixation with Arthrex FiberWire implant, reconstruction of the unstable lunate-triquetral ligament using Arthrex FiberWire implant anchors, capsulorrhaphy, midcarpal and ulnar carpal joint, open reconstruction of the right TFCC complex ulnar tear, soft tissue stabilization, endoscopic debridement/reconstruction of the scapholunate ligament, chronic low back pain, cervical sprain, head trauma, comminuted fracture based on 5th metacarpal bone, lumbar disk desiccation, 4-mm anterolisthesis at L5-S1 level with suspected pars interarticularis fracture, posttraumatic headache and S/P lumbar spine surgery. According to this report, the patient complains of low back pain. He rates his pain 8/10, without medication and 4-5/10 with medication. He also states that he has to be very careful in his movements because certain movements would aggravate his pain. There is tenderness noted at the cervical paravertebrals and trapezius muscles. Visual inspection of the wrist reveals no erythema, no deformity or swelling. Flexion and extension is somewhat restricted due to pain as well as ulnar and radial deviation on the right wrist. There is weakness of the grip and grasp on the right side as compared to the left side. The utilization review denied the request on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg # 15, 2 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Muscle relaxants (for pain) Page(s): 64, 63.

Decision rationale: This patient presents with low back pain. The provider is requesting Flexeril 10 mg quantity 15, 2 units. The California MTUS Guidelines page 64 on Cyclobenzaprine states that it is recommended as short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (Amitriptyline). In addition, this medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient has been taking Flexeril since 10/16/2013. In this case, Flexeril is not recommended for long-term use. Therefore the request is not medically necessary.