

Case Number:	CM14-0051764		
Date Assigned:	06/23/2014	Date of Injury:	10/01/2012
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine, and is licensed to practice in Hawaii. 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:

This patient is a 59-year-old male with a date of injury on 10/1/2012. Review of the medical documents indicate that the patient is undergoing treatment for left medial and lateral epicondylitis. Subjective complaints include elbow pain with radiation to his shoulder and wrist. Objective findings include negative grind test, positive middle finger extension test, non-tenderness at the FCU/PL/PCR tendon, normal sensation over dorsum of hand, and positive cozen test with point tenderness to left epicondyle. Treatment has included acupuncture (unknown number of sessions), cortisone injections, and medications (tramadol, lisinopril, gabapentin, naproxen, metformin, terazosin). A utilization review dated 3/4/2014 noncertified the request for Flexeril 10 mg. #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg. #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42. Decision based on Non-MTUS Citation Clinical Pharmacology, 2008.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), MEDICATIONS FOR CHRONIC PAIN Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up to date "Flexeril" also recommends "Do not use longer than 2-3 weeks" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions" The medical documentation provided does not establish the need for Flexeril usage. Flexeril is recommended, per MTUS, within the first four dates of treatment. Medical records indicate that the patient has been actively treated for this condition since 2012. Initiation of Flexeril would exceed the four day treatment window. Additionally, MTUS states that following should occur before prescription of pain medication "(1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference". Medical records provided do not document any of the items above. As such, the request for Flexeril 10mg #30 is not medically necessary.