

Case Number:	CM14-0072089		
Date Assigned:	07/16/2014	Date of Injury:	10/05/2005
Decision Date:	09/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 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:

This is a 52 year-old male with a date of injury of 10/5/05. The mechanism of injury occurred when he was opening a heavy door and the right elbow snapped. On 4/28/14 he complained of right shoulder pain that radiated to the right elbow. He had left elbow pain, which was worse than the right, and constant. He had numbness and tingling, and severe pain in both hands. He had pain located on the entire back with flare-ups occurring twice this year. He uses Flexeril and stretching to help with the pain. The start date of Flexeril is noted to be 12/6/13. The pain radiates down both legs and he had numbness and tingling in both legs. On exam there was tenderness to palpation in the bilateral carpal extensor and carpal flexor muscles. There was restricted range of motion of the lumbar spine. The diagnostic impression is lumbago, thoracic or lumbosacral neuritis or radiculitis, carpal tunnel syndrome, pain in elbow, and tendinitis and/or tenosynovitis of the elbow region. Treatment to date: acupuncture therapy, medication management. A UR decision dated 5/5/14 denied the request for Flexeril 5mg #60. The Flexeril was denied because he has been diagnosed with lumbosacral radiculitis, carpal tunnel syndrome, and elbow tenosynovitis. Guidelines support Flexeril in the treatment of muscle spasms for short durations, but not for long-term use or in the absence of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is 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. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, although this patient has had an acute flare-up of his back pain, this is noted to be a refill for Cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. It was noted that the patient has had Flexeril since 12/6/13. The request is also noted to be for #60 Flexeril with 1 refill. Therefore, the request for Flexeril 5mg #60 x1 refill is not medically necessary.