

Case Number:	CM14-0074352		
Date Assigned:	07/16/2014	Date of Injury:	11/19/2010
Decision Date:	10/02/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 60-year-old female with a date of injury of 11/19/10. The mechanism of injury occurred while raising her arms above her head to retrieve an item. Her job includes lifting, pushing, pulling, reaching, climbing, and computer work. The submitted records show the patient has been prescribed Flexeril since at least 2013. A urine drug screen on 11/19/13 was negative for cyclobenzaprine (Flexeril). On 3/20/14, it was noted that she violated her pain contract with the provider regarding Norco and the office on this date will no longer provide her Norco or Nucynta ER. On 4/24/14, she returns for a re-evaluation of her wrist, hand, right shoulder pain, and depression. The pain is described as aching, burning, stabbing, pins and needles, and numbness in the right shoulder and bilateral wrists and hands. Her pain is rated 8/10 without meds and 6/10 with meds. Her pain is unchanged from her last visit. On exam there was no swelling in the wrists or hands and diffuse tenderness to palpation over both upper arms. The right shoulder was tender to palpation over the anterior aspect with limited range of motion. The diagnostic impression is carpal tunnel syndrome, shoulder pain, chronic pain syndrome, Impingement syndrome of right shoulder, and depression. Treatment to date: surgery, physical therapy, home exercise program, H-Wave, medication management. A UR decision dated 5/16/14 denied the request for Flexeril 10mg #30. The Flexeril was denied because long-term use of muscle relaxants is not supported by evidence-based criteria. Muscle relaxants are supported for only short-term treatment, and given date of injury in 2010, chronic use would not be supported by guidelines. The documentation does not identify presence of spasticity or hypertonicity on exam. The medical necessity is not established. Also, there are potential adverse effects from the long-term use of skeletal muscle relaxants such as sedation, addictive potential, and hepatotoxicity. Evidence for acute treatment with muscle relaxants is less than a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 1/2 to 1 po (by mouth) qd (daily) to bid (twice daily) prn (as needed):
Upheld

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

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, there was no documentation of an acute exacerbation of the patient's chronic pain. In addition, this is noted to be a refill of Flexeril. The submitted records show that she has been prescribed Flexeril since at least 2013. Guidelines do not support the long term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. It was also noted on 3/20/14 that the primary provider will no longer prescribe her Norco and Nucynta ER due to violation of her pain contract with his office. In addition, a urine drug screen was negative for cyclobenzaprine on 11/19/13. Therefore, the request for Flexeril 10mg #30 to 1 po (by mouth) qd (daily) to bid (twice daily) prn (as needed) was not medically necessary.