

Case Number:	CM14-0193066		
Date Assigned:	11/26/2014	Date of Injury:	05/21/2012
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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 56 year old male injured on 05/21/2012 after a fall at a work-related training course. The injured worker (IW) reported that he fell from a chair onto extended elbow and wrist causing wrist and shoulder pain. Progress note dated 08/19/2014 documents the following: -MRI of left wrist (06/21/2014) revealed a scapholunate interosseous ligament tear and MRI of left shoulder (07/05/2014) revealed a full thickness rotator cuff tear with some impingement findings as well as a possible labral tear. The full reports are in the submitted records. - X-ray of the left wrist done on 04/22/2014 (also in the submitted records) showed small metallic foreign bodies in dorsal subcutaneous soft tissues at level of the base of the second metacarpal and in anterior soft tissues of the mid distal phalanx of the 5th digit. At the time of the orthopedic evaluation dated 08/19/2014 the provider noted injections, and surgery were options however the IW elected for therapy. Prior treatment included physical therapy to left wrist along with medications. Physical therapy evaluation dated 02/25/2014 is submitted; however the exact number of visits and results are not documented. The IW stated he did not receive relief with therapy. The provider also noted the IW had not received any injections. -On 08/28/2014 Flexeril 10 mg # 60 one every 12 hours for spasms was requested. -On 10/21/2014 progress note by the provider noted pain was controlled with Flexeril and medications from other provider. At the time of the 10/21/2014 visit The IW complained of wrist pain 7-8/10 at times with shoulder pain, limited range of motion and sleep disturbance. Exam noted 5/5 strength on right and 3/5 strength on left with limited range of motion of left to 50% of right. Diagnoses included: -Left shoulder sprain/strain-Left wrist sprain/strain-Neuropathic pain in left hand Authorization for Flexeril 10 mg # 60 one by mouth every 12 hours for spasms was requested on 10/31/2014. On 10/31/2014 utilization review issued a decision of non-certification for the request stating the following: According to the evidence-based medical guidelines, muscle relaxants such as Flexeril are best used on an intermittent

basis, for flare-ups, and in the presence of muscle spasm or increased muscle tonicity. Medical evidence provided for review does not indicate any of the above. Therefore chronic, long-term use is not supported by the guidelines and therefore cannot be recommended for certification. Guidelines cited were: California Medical Treatment Utilization Schedule (MTUS) 2009, chronic pain, page 64-66, Muscle relaxants (for pain). The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per the documentation submitted for review, it was indicated per 8/2014 and 10/2014 progress notes that Flexeril was in use. As this class of medication is not recommended for long term use, the request is not medically necessary.