

Case Number:	CM14-0195939		
Date Assigned:	12/03/2014	Date of Injury:	08/30/2010
Decision Date:	01/30/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/23/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 48 year old male who sustained a work related injury while working as a janitor on March 30, 2010. The mechanism of injury was a trip and fall, in which the injured worker hit the right side of his chest on a curb. He sustained injuries to the chest, ribs, left wrist and hand, left shoulder, left elbow, upper and lower back, right wrist and neck. Work status is temporarily totally disabled. Diagnostic testing included an MRI of the right elbow and right shoulder on October 5, 2011. The MRI of the elbow revealed a small joint effusion and cysts at the distal humerus at the epicondyle region. The MRI of the right shoulder revealed evidence of impingement of the supraspinatus tendons and supraspinatus muscle tendon junction near the rotator cuff. It also showed a possible intrasubstance tear or tendinosis. An electromyography and nerve conduction velocity study done July 29, 2013 revealed a high probability of right acute cervical seven-cervical eight radiculopathy and moderate bilateral Carpel Tunnel Syndrome. Current documentation dated September 26, 2014 notes that the injured worker reported continued left hand pain, chest pain and rib pain. His pain level was noted to be seven out of ten on the Visual Analogue Scale. The chest pain was noted to be secondary to open heart surgery two years prior. The injured worker had one session of aquatic therapy which showed improved range of motion. Current pain management medications include Cyclobenzaprine, Hydrocodone and Naproxen. Physical examination revealed the injured worker to have an antalgic gait. Cervical spine range of motion was decreased with both flexion and extension. Right shoulder movements were restricted with flexion and abduction due to pain. A Neer test was positive. Examination of the right wrist showed range of motion to be restricted due to pain. Phalen's sign was positive. Tinel's sign was also noted to be positive. Diagnoses include cervical degenerative disc disease, lumbosacral degenerative disc disease, arthropathy of the shoulder and lateral epicondylitis. The treating physician requested a prescription of Flexeril 5 mg # 30. Utilization

Review evaluated and denied the requested for Flexeril 5 Mg on October 27, 2014. MTUS Chronic Pain Medical Treatment Guidelines were referenced. The guidelines do not recommend long-term use of muscle relaxants. In addition, there was no explicit documentation of muscle spasms noted on physical examination and there is lack of documented functional improvement from the prior use of muscle relaxants. Therefore, the request for Flexeril 5mg # 30 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.