

<b>Case Number:</b>	CM15-0101754		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male, with a reported date of injury of 01/01/2014. The diagnoses include bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome, bilateral De Quervain's stenosing tenosynovitis, bilateral lateral epicondylitis, and status post right carpal tunnel release. Treatments to date have included open neuroplasty of median nerve at right carpal tunnel, open flexor tenosynovectomy of the contents of the carpal tunnel, and direct open internal neurolysis of right median nerve. The follow-up evaluation dated 03/03/2015 indicates that the injured worker complained of right wrist/hand pain and discomfort. The physical examination showed normal range of motion of the right thumb, normal range of motion of the right fingers, and normal range of motion of the right wrist and right elbow. The treating physician requested Flexeril 10mg #60.

### 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 ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**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.