

<b>Case Number:</b>	CM15-0106408		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/21/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

Certification(s)/Specialty: Emergency 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 37-year-old male, who sustained an industrial injury on 3/21/2010. He reported a slip and fall, with injury to his right elbow and left wrist. The injured worker was diagnosed as having right lateral epicondylitis, right cubital tunnel syndrome status post release, ulnar impaction along the left wrist, and chronic pain related depression, sleep, and stress. Treatment to date has included diagnostics, cubital tunnel release, wrist braces, transcutaneous electrical nerve stimulation unit, and medications. Currently (4/02/2015), the injured worker presented for follow-up and medication refill. His work status was permanent and stationary and he was not working. He was documented to have issues with sleep, stress, and depression. Physical exam noted bilateral grip strength at 15, tenderness along the olecranon tip, Tinel's sign at the right elbow, and reverse Phalen's resulted in numbness along the left little finger. He had tenderness over the right medial epicondyle and tenderness along the left palmar ulnar carpal joint. Medication requests included Neurontin, Celebrex, Aciphex, Lunesta, and Ultracet. A treatment recommendation for the use of Flexaril was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement or any muscle spasms on exam. Documentation does not support chronic use. Flexeril is not medically necessary.