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| Case Number: | CM15-0136078 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 06/30/2009 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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 47 year old female, who sustained an industrial injury on 06/30/2009. The mechanism of injury was not made known. On 03/25/2015, the injured worker was prescribed Flexeril due to complaints of neck pain with moderate muscle spasms in her cervical area and parascapular region. According to a progress report dated 05/13/2015, the injured worker is status post repeat left hand carpal tunnel release. She had slow worsening of her right long finger with increased triggering and catching. It was worse in the morning when she woke up and had to release it. She had moderate tenderness in the area at the A1 pulley of the right long finger. She reported marked improvement since having her bilateral carpal tunnel release. Current pain was rated 6 on a scale of 1-10 in severity. Diagnoses included bilateral carpal tunnel syndrome status post bilateral release x 1 on the right x 2 on the left., right long trigger finger and previous bilateral shoulder surgeries with subacromial decompressions and doing the partial rotator cuff tears. A flexor tendon injection to the right long finger was performed. Icing to the injection site was recommended. The injured worker was presently going to school. She was provided with a prescription for Flexeril 5 mg by mouth twice a day as needed for muscle spasm # 60 with 1 refill. She was to return for re-evaluation in 6-8 weeks. According to the provider, the injured worker had previously been rendered maximum medical improvement with limitations. Currently under review is the request for Flexeril 5 mg #60, 1 by mouth twice a day as needed with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60, 1 by mouth twice a day as needed, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: The request is for flexeril, or cyclobenzaprine, which is an antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The request as written exceeds the duration of use as recommended by the MTUS guidelines. Therefore, the request is not medically necessary.