

Case Number:	CM15-0145255		
Date Assigned:	08/06/2015	Date of Injury:	04/17/2014
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on April 17, 2014. He reported an injury to his left arm. The injured worker was diagnosed as having possible scar neuromia of left elbow region with secondary pain, possible left cubital tunnel syndrome with Guyon's compression syndrome, mild left carpal tunnel syndrome, laceration of the distal aspect of the left upper arm, elbow and radial aspect of the elbow as well as the proximal forearm region and left rotator cuff injury status post surgery. Treatment to date has included diagnostic studies, surgery and medications. On July 7, 2015, the injured worker complained of worsening pain in his left upper extremity. His medications were noted to decrease his pain by at least 50% allowing him to do his activities of daily living. The treatment plan included a second opinion orthopedic evaluation and treatment for shoulder and elbow, medications and follow-up visit. On July 15, 2015, Utilization Review non-certified the request for Flexeril 10mg #60 with no refill, citing California MTUS and Official Disability Guidelines.

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 (for pain), Antispasmodics, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril was combined with Vicodin for 30 days. The guidelines indicate benefit mainly in the 1st week. The Flexeril as prescribed is not medically necessary.