

Case Number:	CM15-0148744		
Date Assigned:	08/12/2015	Date of Injury:	09/05/2007
Decision Date:	09/15/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation

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 63 year old male sustained an industrial injury to the neck, right upper extremity and left elbow on 9-5-07. Previous treatment included physical therapy, bracing and medications. Left upper extremity electrodiagnostic study (2-6-14) showed mild left carpal tunnel syndrome affecting only the motor branch of the nerve and left cubital tunnel syndrome. Magnetic resonance imaging left elbow (11-28-12) showed a small left elbow effusion. In a progress note dated 2-3-15, the injured worker reported having more problems with his left wrist recently as well as Reynaud's syndrome in his left hand when exposed to cold. The injured worker was prescribed Amitriptyline, Lyrica, Flexeril and Savella. In a progress report dated 6-16-15, the injured worker complained of ongoing neck pain and pain throughout his right upper extremity rated 8 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. The injured worker reported that his neck pain had been worsening over the past several months and that he had been having more problems with the left wrist. The physician noted that the injured worker recently completed a course of eight sessions of physical therapy for his left elbow; however he failed to note any lasting benefit. Physical exam was remarkable for cervical spine with tenderness to palpation and decreased range of motion, slight tenderness to palpation in the right upper thoracic paraspinal region, diffuse tenderness to palpation to the right shoulder with decreased range of motion, tenderness to palpation throughout the right upper arm, right elbow with allodynia, hyperalgesia and tenderness to palpation and right hand with radiation numbness and tingling. Current diagnoses included chronic pain syndrome of the neck and right upper extremity, possible cervical spine radiculopathy versus right brachial plexopathy,

neuropathic pain syndrome of the right upper extremity, insomnia, depression and left lateral epicondylitis. The treatment plan included eight sessions of physical therapy for the neck and prescriptions for Amitriptyline, Lyrica, Flexeril and Savella.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, 1 tablet by mouth three times daily #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 1-127, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Based on the 06/16/15 progress report provided by treating physician, the patient presents with neck and right upper extremity pain rated 4/10 with and 8/10 without medications. The request is for FLEXERIL 10MG, 1 TABLET BY MOUTH THREE TIMES DAILY #90 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 07/01/15 includes chronic pain syndrome and cervicalgia. Physical exam on 06/16/15 revealed tenderness to palpation and decreased range of motion to the cervical spine, right upper thoracic paraspinal region, right shoulder, and right upper arm. Right elbow with allodynia, hyperalgesia and tenderness to palpation and right hand with radiation numbness and tingling. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Amitriptyline, Lyrica, Flexeril and Savella. The patient is permanent and stationary from a psychiatric standpoint, per 05/14/15 report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Flexeril has been included in patient's medications, per progress reports dated 04/09/15, and 05/14/15. Treater is requesting Flexeril per RFA dated 07/01/15. It is not known when this medication was initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). This request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for #90 with 2 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.