

Case Number:	CM15-0196506		
Date Assigned:	10/12/2015	Date of Injury:	02/17/2015
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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 55 year old male who sustained an industrial injury February 17, 2015. On September 4, 2015, the injured worker underwent a right elbow arthroscopic loose body removal and right elbow lateral ulnar collateral ligament repair. Diagnosis is documented as right elbow ulnar collateral tear. According to a primary treating physician's progress report dated August 12, 2015, the injured worker presented with right elbow pain. He reports no change from previous visit and he is unable to fully extend the elbow and has a deep aching pain in the anterior-posterior portion of the elbow joint especially with extreme flexion-extension. The physician documented the injured worker has a second opinion and was recommended for surgery. Objective findings included; right handed; tenderness to palpation around elbow joint circumferentially; elbow, forearm range of motion 85%-unable to extend elbow; provocative-Tinel's negative at the elbow, no laxity with varus-valgus stress; wrist, hand provocative-Tinel's negative at carpal tunnel. Treatment plan included continue with Bengay to the elbow, continue with medication, ice as needed and home exercise program. At issue, is a request for authorization for Cyclobenzaprine. According to utilization review dated September 10, 2015, the request for Naproxen 550mg (1) twice daily #60 dispensed 08-28-2015 request (3) additional refills is certified. The request for Cyclobenzaprine 7.5mg (1) at bedtime #60 dispensed 08-28-2015 request (3) additional refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, 1 at bedtime #60 (dispensed 08/25/2015), with 3 additional refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and is not recommended for chronic use. The number of tablet is does not meet MTUS recommendation for short-term use. Cyclobenzaprine is not medically necessary.