

Case Number:	CM15-0029853		
Date Assigned:	02/23/2015	Date of Injury:	08/03/2009
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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:

The injured worker is a 50 year old female, who sustained an industrial injury on August 3, 2009. The diagnoses have included carpal tunnel syndrome, anxiety disorder, lesion of the ulnar nerve, effusion of the forearm joint, pain in the joint of the upper arm and forearm, cervicalgia, brachial neuritis or radiculitis, chondromalacia, tear lateral cartilage or meniscus knee, and sprain/strain of the shoulder, upper arm, elbow and forearm. Treatment to date has included activity modification, medications, physical therapy, and injections. Currently, the injured worker complains of shoulder pain and elbow pain. She describes the pain as dull, aching, stabbing and throbbing. She reports that the pain is mild to moderate in severity with no signs of radiation of pain. The pain is aggravated by stress, tension, and poor posture. On February 4, 2015 Utilization Review non-certified a request for cyclobenzaprine-Flexeril 7.5 mg #60, noting that there is no support for skeletal muscle relaxants in chronic or long-term conditions and the progress notes do not offer any specific findings on physical examination to suggest that there are muscle spasms or that the medication has demonstrated any efficacy or utility. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of cyclobenzaprine-Flexeril 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: Based on the 01/29/15 progress report provided by treating physician, the patient presents with neck pain, right shoulder pain, right elbow pain, right hand pain, right hand numbness and tingling, and left hand pain. The request is for CYCLOBENZAPRINE 75MG #60. The patient is status post foot and hip surgeries, dates unspecified. Patient's diagnosis per Request for Authorization form dated 01/29/15 includes carpal tunnel syndrome, cubital tunnel syndrome, and cervical sprain/strain. Patient's medications include Flexeril, Advair, Celexa, Lyrica, Omeprazole, Oxycodone, and Glucosamine. Flexeril has been prescribed in progress reports dated 10/29/14 and 01/29/15. Patient is working unrestricted regular duty, per treater report dated 01/29/15. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Treater has not provided reason for the request. Cyclobenzaprine in the form of Flexeril has been prescribed at least since 10/29/14. Guidelines do not indicate prolonged use of this medication due to diminished effect, dependence, and reported abuse. Furthermore, the request for quantity 60 does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.