

Case Number:	CM15-0050304		
Date Assigned:	03/23/2015	Date of Injury:	11/22/2009
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/17/2015

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 62 year old male, who sustained an industrial injury on 11/22/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right shoulder internal derangement, left shoulder internal derangement, right elbow internal derangement, and left elbow internal derangement. Treatment to date has included medication regimen, status post right wrist/hand surgery, status post left wrist/hand surgery, and laboratory studies. In a progress note dated 01/15/2015 the treating provider reports complaint of pain to the right shoulder, left shoulder, right elbow, left elbow, right wrist/hand, and to the left wrist/hand. On 01/22/2015, the treating physician requested Flexeril 10mg with a quantity of 30, but the documentation provided did not indicate the specific reason for the request of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30: Upheld

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

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

Decision rationale: The patient presents with shoulder pain and carpal tunnel syndrome bilaterally. The request is for Flexeril 10mg #30. Work status is not known. MTUS guidelines page 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 exacerbations 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." In this case, the 07/24/14 toxicology report has inconsistent result, stating Cyclobenzaprine was prescribed but it was not detected. It is not clear whether or not the patient has utilized Cyclobenzaprine after the urine drug screening. There is no documentation regarding how long this medication is being used with what effectiveness. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request Is Not medically necessary.