

Case Number:	CM15-0082896		
Date Assigned:	05/05/2015	Date of Injury:	04/14/2009
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational 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 56 year old male who sustained an industrial injury on 4/14/09. The mechanism of injury is unclear. He currently (4/17/15) complains of left upper extremity pain and left elbow pain with clicking when he moves it. His pain level with medications is 5/10 and without medications is 8/10. He reports fair sleep quality. Medications are Flector 1.3% patch, cyclobenzaprine, Doxipen and Lyrica. Urine drug screen (11/2/12) was negative. On physical exam, right and left elbow revealed tenderness on palpation over lateral epicondyle and positive Tinel's sign on the left. Diagnoses include chronic left elbow medial epicondylitis and early posttraumatic arthritis undergoing two surgical procedures in 2008 and 2009; right elbow medial epicondylitis, chronic. Treatments to date include medication; home exercise program; transcutaneous electrical nerve stimulator unit. Diagnostics include upper extremity electromyography/nerve conduction study (5/25/10) normal; MRI right elbow (1/3/10) showing mild degenerative changes. In the progress note dated 4/17/15 the treating provider's plan of care includes to continue cyclobenzaprine for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, 2 times daily, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over one month and on muscle relaxant therapy for over 6 months. Since there is no documentation of muscle cramps or spasms and no documented provider instruction to use this medication on an intermittent or 'as needed' basis, there is no indication for continue use of this medication. Medical necessity for use of muscle relaxants (as a class) or cyclobenzaprine (specifically) has not been established.