

<b>Case Number:</b>	CM15-0089598		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64 year old male with an industrial injury dated 3/17/2009. The injured worker's diagnoses include impingement syndrome bilaterally with bicipital tendonitis, bilateral epicondylitis medially and laterally, bilateral wrist joint and radioulnar inflammation, ulnar nerve neuritis, carpal tunnel syndrome status post decompression on the right, reflux, constipation and depression. Treatment consisted of Magnetic Resonance Imaging (MRI) of the left elbow, nerve studies, prescribed medications, five injections to the lateral epicondyle, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. In a progress note dated 4/02/2015, the injured worker presented for follow up. The injured worker reported numbness, tingling, grip loss, issues with sleep, stress and depression. Objective findings revealed positive Tine's sign bilaterally, tenderness along the carpal tunnel area, subluxation at ulnar nerves, tenderness along the cubital tunnel, tenderness over the medial and lateral epicondylar surfaces on the right and left. Treatment plan consisted of diagnostic studies for neck and upper extremities, conductive garment and medication management. The treating physician requested Flexeril 7.5mg #30, for two week use before discounting the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

**Decision rationale:** Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.