

Case Number:	CM14-0130484		
Date Assigned:	08/20/2014	Date of Injury:	03/18/2013
Decision Date:	09/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old male with a date of injury of 3/18/13. The mechanism of injury to his right elbow was due to repetitive motion. A urine drug screen (UDS) collected on 2/4/14 was negative and inconsistent with medications prescribed. He has been prescribed Tylenol codeine #3 for pain. On 7/22/14 he stated his pain level is improved since the last visit, pain level was 5-6/10. He had 10 sessions of deep tissue myofascial therapy helpful. He found hot and cold pack applications helpful. He was tolerating his medications but would like something for pain and sleep. On exam there was tenderness over the right lateral greater than medial epicondyle. Motor and sensation are intact. His medications include Tylenol codeine #3 and Voltaren 1% gel. The provider added Flexeril 10mg to take half a tablet at bedtime for spasm and sleep. The diagnostic impression is right medial and lateral epicondylitis. Treatment to date: physical therapy, medication management, deep tissue myofascial therapy. A UR decision dated 8/5/14 denied the retro request (DOS: 7/22/14) for Flexeril 10mg #30. The Flexeril was denied because the 7/22/14 report does not identify spasm on physical examination. The physical exam showed tenderness over the right lateral greater than medial epicondyle. Also, the report indicates that the patient's condition is better with myofascial therapy which he had 10 sessions to date. The guidelines do not provide evidence to support the use of Flexeril for this patient's condition or as a sleep aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 7/22/14): Flexeril 10mg #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): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, there was no documentation of an acute exacerbation of the patient's chronic pain, in fact, he stated on the 7/22/14 visit that his pain level has decreased with the 10 sessions of deep tissue myofascial therapy. He also found hot and cold pack applications helpful. Guidelines do not support the use of Flexeril for chronic pain and/or for sleep. The patient medication list includes Tylenol Codeine #3 and Voltaren gel. A UDS collected on 2/4/14 was inconsistent with the medications prescribed. In addition, there was no indication of spasm present on exam. Also, the provider prescribed Flexeril 10mg for pain and for sleep. Guidelines do not support the use of Flexeril for chronic pain or for sleep. Therefore, the retro request for DOS: 7/22/14 for Flexeril 10mg #30 was not medically necessary.