

Case Number:	CM14-0197319		
Date Assigned:	12/05/2014	Date of Injury:	01/10/2011
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine and is licensed to practice in California. 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:

Patient has a reported date of injury of 1/10/2011. Mechanism of injury was described as pain/injury occurring course of work. Patient has a diagnosis of R lateral epicondylitis-resolved; Carpal tunnel syndrome post decompression; right thumb CMC joint inflammation and left thumb CMC joint inflammation post abrasion arthroplasty. Medical reports reviewed. Last report available was 10/13/14. Patient complains of pain to wrist, and complaints of more weakness. Objective findings reveal weakness to bilateral grip, right worse than left. Tenderness to CMC and first extensor as well as dorsum bilaterally, worst on right side. Flexeril is for "muscle spasms". EMG/NCV (3/15/13) revealed previous right carpal tunnel syndrome has resolved. Medications include Ultracet, Nalfon, Protonix and Flexeril. Independent Medical Review is for Flexeril 7.5mg. Prior UR on 10/29/14 recommended non-certification. It approved prescriptions for Ultracet, Nalfon and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Review of progress notes reveal that request is for Flexeril 7.5mg #60tablets. Flexeril is Cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets does not correlate with short term use of weaning. Flexeril is not medically necessary.