

Case Number:	CM15-0110421		
Date Assigned:	06/17/2015	Date of Injury:	02/11/2014
Decision Date:	08/07/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49 year old man sustained an industrial injury on 2/11/2014 while separating a dog fight. He received immediate medical attention which included cleaning a wound from a dog bite, a tetanus shot, no work restrictions, and instructions to follow up if needed. After returning to work, he began to experience numbness, tingling, and pain in the right forearm for which he took over the counter medications for relief. He returned to the hospital one month later for further evaluation. Evaluations included right forearm MRI dated 4/14/2015 and an undated lumbar spine MRI. Diagnoses include residual nerve deficiency status post dog bite, myoligamentous sprain/strain of the lumbosacral spine with degenerative disc disease, and bilateral sacral radiculitis and radiculopathy. Treatment has included oral medications and physical therapy. Physician notes per QME evaluation dated 5/8/2015 show complaints of right forearm pain rated 6-7/10 from the elbow to the fingers with numbness and tingling. The worker states his pain rating varies from 4-9/10. Recommendations include continue physical therapy, continue medications, electromyogram/nerve conduction studies of the bilateral upper extremities, peripheral nerve specialist consultation, and epidural steroid injection with bilateral facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Cyclobenzaprine (Flexeril) Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Percocet. Long-term use of Flexeril is not indicated and not medically necessary.