

Case Number:	CM15-0115474		
Date Assigned:	06/23/2015	Date of Injury:	12/05/2013
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Emergency 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 a 58-year-old male who sustained an industrial injury on 12/05/13. Initial complaints and diagnoses are not addressed. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include pain in the low back, left elbow and wrist. Current diagnoses include lumbar disc protrusion/facet hypertrophy/myospasm/pain/radiculopathy/sprain/strain, left elbow pain and sprain/strain, left carpal tunnel syndrome, left wrist pain/sprain/strain, disruptions of 24-hour sleep-wake cycle, loss of sleep, sleep disturbance, and anxiety. In a progress note dated 05/14/15, the treating provider reports the plan of care as physical therapy. The requested treatment includes flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril Tab 5mg #360: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The patient sustained an injury in September of 2013. He subsequently has been diagnosed with lumbar disc protrusion/facet hypertrophy/myospasm/pain, radiculopathy/sprain/strain, left elbow pain and sprain/strain, left carpal tunnel syndrome, and left wrist pain/sprain/strain. The request is for the use of the muscle relaxant flexeril. The MTUS guidelines state that flexeril is to be used only on a short-term basis with the effect being greatest on the 4th day of use for lumbar pain. Due to the prolonged duration of use, the request is not medically necessary.