

Case Number:	CM15-0175087		
Date Assigned:	09/16/2015	Date of Injury:	04/11/2014
Decision Date:	10/20/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 53 year old male who sustained an industrial injury on 04-11-2014. Mechanism of injury occurred when he hit his right elbow on a cart as he was sorting packages at a fast pace. Diagnoses include ulnar lesion, status post right cubital tunnel release on 04-28-2015 with residual pain. A physician progress note dated 07-17-2015 documents the injured worker complains of right elbow mild to moderate pain. He has full range of motion. On 06-05-2015 a hand written progress note documents the injured worker has tenderness at the right elbow medial epicondyle. Treatment to date has included diagnostic studies, medications, elbow sling, status post cubital tunnel release, physical therapy, and home exercise program. Several documents within the submitted medical records are difficult to decipher. The Request for Authorization included Diclofenac 100mg #30, Flexeril 10mg #60, and Prilosec 20mg #90. On 08-08-2015 Utilization Review non-certified the requested treatment of Cyclobenzaprine 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.