

Case Number:	CM15-0098420		
Date Assigned:	05/29/2015	Date of Injury:	12/30/2001
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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:

The injured worker is a 65 year old female, who sustained an industrial injury on 12/30/2001. On provider visit dated 03/19/2015 the injured worker has reported constant pain in the bilateral elbow and bilateral wrist/hand. On examination the elbow was noted to have tenderness over the elbow, the lateral epicondyle and a positive Cozen's sign was positive, with a painful range of motion. Wrists were noted to have tenderness over the volar aspect of the wrist. There was a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign was positive over the carpal canal; range of motion was noted to be painful. The diagnoses have included carpal tunnel syndrome and lateral epicondylitis. Treatment to date has included injections and medication including Cyclobenzaprine HCL for muscle spasms. The provider requested Cyclobenzaprine HCL 7.5mg #120 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #120 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cyclobenzaprine (Flexeril).

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 in combination with opioids for several months. Continued and chronic use is not recommended and not medically necessary.