

<b>Case Number:</b>	CM14-0148837		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 55-year-old female who reported an injury on 04/20/2012. The mechanism of injury occurred due to repetitive movements. The diagnoses included left cubital tunnel syndrome, mild right carpal tunnel syndrome, and chronic postural strain symptoms affecting the neck and shoulders. The injured worker's past treatments include chiropractic therapy, a home exercise program, transcutaneous stimulation, brace, medications, injections, physical therapy, and surgery. Her diagnostic exams included X-rays, MRIs, and bone density scans. Her surgical history was not clearly indicated in the clinical notes. On 08/15/2014, the injured worker complained of frequent pain to the bilateral elbows and wrists with numbness and tingling noted. The physical exam revealed tenderness to palpation of the bilateral elbows with a positive Tinel's, Phalen's, and Cozen's test. Her range of motion to the bilateral wrists was 60/60/20/30. Her medications included Norflex, a topical gel, and Flexeril 10 mg. The treatment plan consisted of a surgical consult, continuation of meds, continuation of home exercise program, continued use of bracing, and the use of Flexeril 10 mg #30. A request was received for Flexeril 10 mg #30. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The use of antispasmodics such as, Flexeril, are recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. Based on the clinical notes, the injured worker complained of bilateral wrist and elbow pain with numbness and tingling. These diagnoses would not be supported for the use of muscle relaxants. The guidelines recommend the use of muscle relaxants for the indication of acute exacerbations of low back pain and spasms. Also, the clinical notes indicated that she was previously prescribed Norflex, which is also a muscle relaxant. The use of Norflex did not provide relief for the injured worker and thus the use of Flexeril was implemented. There was also an absence of quantitative documentation indicating the injured worker's discomfort level to warrant its continued use. Additionally, the clinical notes failed to indicate the duration of use, as treatment longer than 2-3 weeks would not be supported. Therefore, due to lack of documentation indicating a diagnosis of low back pain, duration of use, and frequency of dosing, the request is not supported. Thus, the request for Flexeril 10mg #30 is not medically necessary.