

Case Number:	CM13-0009962		
Date Assigned:	09/24/2013	Date of Injury:	11/10/1999
Decision Date:	01/17/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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 underlying date of injury in this case is 11/10/1999. The treating diagnoses include bilateral carpal tunnel syndrome, 354.0, as well as 799.3, general debility. An initial physician review in this case concluded that Flexeril was not medically necessary. Review of the medical records at that time indicated that the patient was being prescribed Flexeril and Narco by his treating physician, and the treating physician reported the patient had responded well to Norco and Flexeril, and the patient reported that they made her feel better. However, specific examples of functional improvement were not evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Section on Muscle Relaxants. Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, page 64, states regarding Flexeril, "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." The medical

records do not contain a rationale for an exception to support the use of this medication in this chronic setting. This request is not medically necessary.