

Case Number:	CM13-0060133		
Date Assigned:	04/25/2014	Date of Injury:	12/04/2012
Decision Date:	07/07/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 Occupational Medicine 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:

This is a 45-year-old female patient with a 12/4/12 date of injury. The injury was from repetitive cumulative trauma. A 4/11/13 MRI demonstrated posterior disk osteopathy in C3-T1. There was no spinal canal or neural foraminal stenosis. A 5/17/13 progress report indicated that the patient complained of pain in the neck, bilateral elbows and bilateral wrists. Physical exam findings demonstrated paraspinal tenderness in C-spine as well as decreased range of motion, and spasm in the bilateral trapezial areas. Pain reproduced with motion, producing a shooting type pain in the bilateral upper extremities. There was also decreased sensation in the forearms. She was diagnosed with disk bulge in the cervical spine, medial and lateral epicondylitis, bilateral ulnar nerve irritation, strain/sprain in bilateral forearms, with tendinitis, strain/sprain in the bilateral wrist with early carpal tunnel syndrome. A 12/6/13 progress report indicated that the patient had increased numbness and tingling in the upper extremities, as well as significant pain and decreased range of motion of the neck, also pain in the hand. Physical exam findings demonstrated swelling of the right hand at the dorsal aspect, between second and third metacarpal. Extension of the second and third digits was limited due to the pain. Treatment has included physical therapy, Flexeril 7.5 mg #90 p.o for spasm x 6 months, Neurontin 300 mg #60 for nerve pain, Norco 10-325 mg #120 6-8h for pain, and Protonix 20 mg #60 for stomach upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLEXERIL 7.5MG, 1 BY MOUTH THREE TIMES A DAY FOR SPASM, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The patient presented with the pain in the neck, bilateral elbows and wrist. She also complained of numbness, and weakness in digits. The patient was noted to be taking Flexeril chronically for 6 months. The UR decision thus modified the request given the patient exceeded the treatment guidelines with regard to duration of medication use, and the decision was to initiate a taper to #45 tablets. MTUS guidelines do not support chronic use of muscle relaxants. Therefore, the request for Flexeril 7.5mg, as submitted, was not medically necessary.