

Case Number:	CM14-0122052		
Date Assigned:	08/06/2014	Date of Injury:	02/13/2004
Decision Date:	09/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/03/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 62 year old female with a work related injury on 2-13-04. Medical Records reflect the claimant has chronic pain in the right wrist from her work related injury. Office visit dated 7-11-14 notes the claimant had significant flare of pain with swelling to the right wrist. The claimant is using a wrist brace. The claimant is being treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Cyclobenzaprine (Flexeril) Page(s): 70, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle Relaxants (for pain).

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflects that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. There is an absence in documentation noting that this claimant has failed first line of treatment during her acute exacerbation of pain.

Furthermore, there is an absence in documentation noting that this claimant has muscle spasms. Therefore, the medical necessity for Flexeril, a muscle relaxant is not established as medically necessary.