

Case Number:	CM14-0125757		
Date Assigned:	08/11/2014	Date of Injury:	08/31/2004
Decision Date:	09/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 33 years old male who had a work related injury on 08/31/04. Mechanism of injury occurred when he jumped from a piece of equipment and his right hand was caught in the equipment. He sustained right wrist fracture. Treatment thus far includes surgery in 2005 with carpal tunnel and ulnar nerve release, and spinal cord stimulator was implanted in 2012 for complex regional pain syndrome (CRPS). The most recent clinical note dated 07/11/14 revealed no change from prior exam, continued to get 40 to 50 percent relief of CRPS symptomatology from surgical paddle placement for spinal cord stimulator, less allodynia and hyperesthesia in the upper extremities, pain level diminished from 8 to 5/10, continued to wear upper extremities arm brace during day for support and protection, minimal use of his right upper extremity with very limited range of motion and flexion contracture in his right hand, CRPS symptomatology to a lesser degree in the left upper extremity, wearing left wrist brace which provided support and diminished pain. Current medication regimen continued to help with residual pain and CRPS symptoms. Physical examination uncomfortable due to pain, well developed and nourished, cervical paraspinal tenderness bilaterally, rotation to right and left 60 degrees with pain, negative neural foraminal closure test on right and left, lumbar spine full range of motion with flexion/extension and rotation bilaterally, straight leg raise negative bilaterally, right upper extremity in brace, decreased range of motion in shoulder, elbow, and wrist, and hand, no swelling or deformity, left wrist in brace with diminished grip strength and range of motion of left wrist, good capillary refill in nail beds, peripheral pulses were 2+ at radial and ulnar, decreased strength in right upper extremity, moderate to severe allodynia and hyperesthesia in the right upper extremity, no skin mottling, normal temperature, decreased grip strength on the right, atrophy of the right upper extremity, left upper extremity with lesser degree

of allodynia and hyperesthesia in the forearm and wrist, reduced range of motion in the wrist, decreased grip strength on the left. Prior utilization review on 08/01/14 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of this medication cannot be established at this time.