

Case Number:	CM14-0180895		
Date Assigned:	11/04/2014	Date of Injury:	06/26/2012
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 36 year-old female. The patient's date of injury is 6/26/2012. The mechanism of injury is not stated. The patient has been diagnosed with sprain of the wrist and hand, rotator cuff tendinitis, dorsal ganglion cyst and thumb and index finger triggering, and left shoulder pain. The patient's treatments have included surgical intervention, slings, injections, cold unit, a home exercise program and medications. The physical exam findings dated October 2, 2014 shows examination of the left shoulder with a well-healing scan, compartments are soft, neurocirculation is intact and tenderness and swelling noted over the surgical site. The left wrist exam shows tenderness to palpation about the dorsal aspect, and there is swelling noted. The patient's medications have included, but are not limited to, Zofran, Dilaudid, and Flexeril. The request is for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: MTUS guidelines state the following: Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Flexeril requested is not being used for short term therapy. Following guidelines as listed above, there is no indication for the use of Flexeril. The request is not medically necessary and appropriate.