

<b>Case Number:</b>	CM14-0033588		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female, who reported an injury in 2012. The actual date is not submitted with the documentation for review. The mechanism of injury is unknown. The injured worker complained of a constant dull ache with intermittent sharp pain to her right wrist going down the hand to the thumb and index finger with numbness and tingling in her digits. On physical exam dated on 4/28/2014 there was a negative Finkelstein's test on the right and left, and a positive Tinel's on the right. The medications were not included with documentation. The injured worker diagnoses are carpal tunnel syndrome with release. The treatment plan was for medication times one (1), Flexeril 7.5mg by mouth at bedtime three (3) times a day. The injured workers past treatments/diagnostics are acupuncture to the right and left wrist, trigger point injection to the scapula, cortisone injection to unknown body area, electromyography/nerve conduction velocity (EMG/NCV) of both hands. The dates of the above are unknown, and a carpal tunnel release was dated 02/20/2013. The authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5MG, ONE (1) TABLET BY MOUTH AT HOUR OF SLEEP/THREE (3) TIMES A DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The injured worker complained of dull constant pain with intermittent sharp pain to the right wrist. The Chronic Pain Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain up to 10mg three (3) times a day. The medication is not recommended to be used for no longer than two to three (2-3) weeks. The guidelines indicate that flexeril is recommended for a short course of therapy for low back pain, and not recommended for chronic use. In addition, there was no supporting documentation included from the provider visit dated 04/28/2014, such as, pain assessment, and visual analog scale (VAS), or pain relief before and after the medication. As such, the request is not medically necessary.