

Case Number:	CM14-0043059		
Date Assigned:	06/30/2014	Date of Injury:	04/23/2013
Decision Date:	09/03/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

On April 23, 2013 this worker got her right hand in the path of a guillotine cutting device and amputated her right middle finger through the DIP joint. She had initial repair in the emergency room. She later had a tendon repair and pinning with fusion of the DIP joint. Subsequently she developed neuropathic pain in the right upper extremity. She has received nerve block. She also had a carpal tunnel release in February of 2014. She has been treated with narcotic pain medication, Gabapentin, Lamictal and Trazodone. Flexeril was prescribed on March 3, 2014. On that date she reported tolerating pain and denied postsurgical complications. She also reported mild relief of pain with Percocet and good tolerance of increased dose of Gabapentin. She reported due to being unable to bend her third finger of her right hand she was accidentally hitting her finger on protruding objects sending a debilitating wave of pain up her right arm into her shoulders. Exam showed decreased motion in PIP and DIP joint flexion. There was erythema and dryness of the right hand third digit. Her diagnoses include reflex sympathetic dystrophy and right third finger amputation status post reattachment with DIP fusion. Flexeril 10mg one half to one tablet up to 3 times per day with a quantity of 90 was prescribed in addition to continuing Percocet, Prilosec and Gabapentin. A trial of spinal cord stimulation was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg tab take 1/2 3 times daily QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 64.

Decision rationale: Flexeril is an anti-spasmodic used to decrease muscle spasm although antispasmodics are often used to treat pain even in the absence of spasm. Flexeril is not recommended for use longer than 2-3 weeks with a dose up to 10 mg 3 times a day. The prescribed quantity in this case exceeds the total needed for recommended use. Furthermore, the addition of Flexeril to other agents is not recommended. This worker is already on several other medications to control her pain which the records indicate have been controlling her pain unless she accidentally hits her finger on protruding objects. Therefore, this request is not medically necessary.