

Case Number:	CM14-0045146		
Date Assigned:	07/09/2014	Date of Injury:	10/30/2012
Decision Date:	08/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 28-year-old female with a reported injury on 10/30/2012. The mechanism of injury occurred when the injured worker was trying to break up a fight between two young men, in the course of this, one of the men pulled her right arm and she felt immediate neck pain and right shoulder, elbow and hand pain. The injured worker had an examination on 07/09/2014 with complaints of bilateral shoulder pain, bilateral wrist, and left hand pain. The injured worker reported the level of pain to be at a 4/10 to 5/10. The injured worker reported that she rarely wore a left brace because it made her hands go numb. She had tried previous exercise programs, electrical stimulation, and ice and heat without benefit. She did have anti-inflammatory drugs and NSAID medications previously and she has also had sessions of physical therapy with no response. The injured worker did report that she has used a transcutaneous electrical nerve stimulation (TENS) Unit and it did help the spasms subside. Upon her examination, it revealed that she had tenderness at the bilateral upper shoulders and hands and that there was continued bilateral upper extremity weakness and mild limited range of motion. The right wrist was painful with a positive Phalen's test. The list of medications and their efficacy was not provided. The diagnosis included bilateral shoulder strain/sprain, bilateral wrist strain/sprain, right carpal tunnel syndrome, and possible left carpal tunnel syndrome. The recommended plan of treatment was for a possible right carpal tunnel release. The Request for Authorization for the Flexeril was signed and dated on 01/09/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2010 Revision Web Edition page 64.

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

Decision rationale: The request for Flexeril 5 mg #100 is not medically necessary. The injured worker has complaints of pain to the bilateral shoulders, bilateral wrists, and her left hand. The injured worker has tried previous exercises, electrical stimulation, ice, heat, and wearing braces with no benefit. She also has tried physical therapy with no response. The California MTUS Guidelines recommend Flexeril for a short course of therapy. There is mixed evidence that does not allow for a recommendation for chronic use. According to the records, the injured worker has been prescribed this medication since at least 02/27/2014. The greatest effect appears to be in the first 4 days of treatment and there was no efficacy provided for review. The California MTUS Guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. Furthermore, the request did not specify directions and duration as far as frequency. Therefore, the request for the Flexeril 5 mg #100 is not medically necessary and appropriate.