

<b>Case Number:</b>	CM14-0203495		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 61 year old male who sustained an industrial injury on 11/01/2010. He reported left hand pain and left wrist pain. The injured worker was diagnosed as having hand pain, wrist pain, numbness and tingling of the hand, myalgia, and chronic pain syndrome. Treatment to date has included two hand surgeries (07/2012, and 08/2013), and physical therapy pre and post-surgery. Currently, the injured worker complains of weakness and numbness of the arms, hand and wrist pain, and insomnia. Mild swelling is noted at the base of the left thumb. There is tenderness to palpation at the base of his thumb and wrist. He has full active range of motion at the left wrist with pain at flexion and extension. Muscle strength and sensation are intact. Grip strength is slightly diminished in the left hand. Medications include over the counter ibuprofen as needed. The worker would like to have a stronger pain medication as the pain is limiting his ability to function and interfering with his sleep. The plan of care is to start medications for relief of his chronic pain. Requests for authorization are made for the following : 1. Ultram 50mg Qty: 100; 2. Flexeril 7.5mg Qty: 90; and 3. Gralise 600mg Qty: 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg Qty: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

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

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, the initial request for cyclobenzaprine was documented in a progress note dated 11/17/14. However, that note did not document muscle spasm specifically in the physical exam. Given this, the current request is not medically necessary.