

Case Number:	CM15-0007197		
Date Assigned:	01/22/2015	Date of Injury:	11/09/2011
Decision Date:	04/03/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/13/2015

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

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 65-year-old female who reported an injury on 11/09/2011. The mechanism of injury was the injured worker was struck by a door. The diagnoses included carpal tunnel syndrome, villonodular synovitis involving shoulder region, disorders of the bursae and tendons in shoulder region unspecified, bicipital tenosynovitis, enthesopathy of elbow unspecified, medial epicondylitis elbow region, other tenosynovitis of hand and wrist, incomplete rupture of rotator cuff, spasm of muscle, as well as rotator cuff sprain. The documentation of 12/19/2014 revealed the injured worker had severe pain, cramping, and sharp pain to the right shoulder. The injured worker had occasional numbness to the fingertips. The physical examination revealed the injured worker had tenderness to the extensor surface of the right thumb from the IP joint down to the radial styloid. The treatment plan included physical therapy, x-rays, Naprosyn 500 mg quantity 60, and Flexeril 10 mg. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10mg #30 is not medically necessary.