

Case Number:	CM15-0104983		
Date Assigned:	06/09/2015	Date of Injury:	09/12/2013
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on September 12, 2013. The injured worker was diagnosed as having status post tendon release and foreign body removal of the right ring finger, Complex Regional Pain Syndrome (CRPS) type I of the right upper extremity (probable), right upper extremity neuropathic pain, sclerosis and cystic changes of the distal subscapularis and infraspinatus tendon (MRI confirmed), and chronic myofascial pain syndrome. Treatment to date has included a distal interphalangeal joint fusion, cortisone injections, MRI, trigger point injections, and medication. Currently, the injured worker complains of constant right ring finger and shoulder pain shooting in the right forearm with tingling, numbness, and paresthesia. The Treating Physician's report dated May 7, 2015, noted the injured worker reported his pain a 7/10 on the visual analog scale (VAS) with medications. Physical examination was noted to show right shoulder range of motion (ROM) restricted and painful, with localized tenderness at the right AC joint area, diminished sensation to light touch along the medial and lateral border of the right forearm, index, and little fingers, with localized tenderness present at the tip of the right ring finger. Paravertebral muscle spasm and localized tenderness was present in the lower cervical and right supraclavicular region. The treatment plan was noted to include a request for authorization for right shoulder surgery, with continued Naproxen, Neurontin, Protonix, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg Qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended". In this particular case the patient has no evidence in the records of 5/7/15 of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and is not medically necessary.