

Case Number:	CM15-0107399		
Date Assigned:	06/11/2015	Date of Injury:	07/19/2013
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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 is a 42-year-old male who sustained an industrial injury on 07/19/2013. Treatment provided to date has included left wrist surgery, physical therapy (10), medications, and conservative therapies/care. Diagnostic tests performed include MRI of the left wrist TFCC (triangular fibrocartilage complex) tear. Comorbid diagnoses included history of hypertension. There were no noted previous injuries or dates of injury. On 05/12/2015, physician progress report noted complaints of flare-ups. It was reported that the injured worker had just completed physical therapy and had transitioned from doing manual therapy to doing exercise in the gym, which have been helpful. The injured worker also reported noticing headaches when waking up and stress. Treatment was reportedly recommended but denied by the carrier. The injured worker reported taking medications to be functional. Current medications include OxyContin, Norco, Flexeril, gabapentin, naproxen, and Protonix. Upon review of previous progress reports, it is noted that the injured worker has been prescribed Flexeril for several months. The physical exam revealed elevated blood pressure, flexion of 140° on the right, 120° on the left with discomfort, healed incisions, and no sign of swelling. The provider noted diagnoses of ulnar impaction-status post wrist arthroscopy, debridement and synovectomy, medial epicondylitis on the left, weight gain, stress and depression due to chronic pain and inactivity, and element of fatty liver with elevated glucose. Plan of care includes continued medications and follow-up. The injured worker's work status was temporarily very disabled. Requested treatments include a retrospective request for Flexeril with a date of service of 05/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5mg #60 for DOS 5/12/2015: Upheld

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

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, there is prescription for the Flexeril since at least January 2015. It does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.