

Case Number:	CM15-0188972		
Date Assigned:	09/30/2015	Date of Injury:	05/26/2009
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
 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 55 year old female, who sustained an industrial injury on 5-26-09. The injured worker is being treated for thoracic or lumbosacral neuritis or radiculitis, cervicgia, pain in joint of shoulder and lumbago. Treatment to date has included right carpal tunnel (7-2015), left carpal tunnel release (2-9-15), physical therapy (6 sessions completed), hand therapy, wrist brace, oral medications including Norco, Gabapentin, Flexeril and Naproxen, home exercise program, acupuncture, aqua therapy and activity modifications. On 6-15-15, the injured worker complains of tingling in right hand fingers, increased neck and bilateral shoulder pain rated 7-8 out of 10 and difficulty sleeping due to the pain. She is currently retired. Physical exam performed on 6-15-15 revealed tenderness to palpation of entire neck, well healed surgical scars of bilateral wrists with tenderness over scars and numbness and tingling over the hand median distribution with tapping over the median nerve. The treatment plan included continuation of home exercise program, tapering of Norco, increasing Gabapentin, physical therapy for hand and Flexeril 10mg #10. On 9-8-15 a request for Flexeril 10mg #10 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.