

Case Number:	CM15-0199824		
Date Assigned:	11/13/2015	Date of Injury:	05/23/2013
Decision Date:	12/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained an industrial injury on 5-23-2013. The injured worker is being treated for chronic pain syndrome and right index finger pain. Treatment to date has included diagnostics, medications, extracorporeal shockwave therapy (ESWT), psychological evaluation and treatment, and home exercises. Per the Secondary Treating Physician's Progress Report dated 8-20-2015, the injured worker reported right index finger weakness and occasional pain with right hand cramping sometimes. Objective findings included full range of motion of the right hand. Cervical spine magnetic resonance imaging (MRI) dated 2-11-2014 was documented as "multi disc bulge-protrusions and stenosis." Per the medical records dated 3-12-2015 to 8-20-2015 there is no documentation of functional improvement including improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the prescribed medications. Work status was not documented at this visit. The plan of care included start Flexeril, continue Trazodone, continue HEP and follow-up in 8 weeks. Authorization was requested on 8-20-2015 for Flexeril 7.5mg #60 and Trazodone 50mg #60. On 9-16-2015, Utilization Review non-certified the request for Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60 times 2: Upheld

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

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

Decision rationale: The claimant complains of right index finger numbness and pain with occasional cramping in the right hand following an industrial injury in 2013. The request is for Flexeril, a muscle relaxant indicated for short-term use only. Flexeril has its greatest effect in the first 4 days of use and should not be used longer than 2-3 weeks. It is also indicate for acute exacerbations of muscle spasm. Its effect rapidly diminishes with time and dependence can occur with long term use. This request is clearly for the use of Flexeril on a long-term basis, #60 with 2 refills and is contrary to guidelines. Therefore the request is not medically necessary or appropriate.