

Case Number:	CM15-0204157		
Date Assigned:	10/20/2015	Date of Injury:	03/01/2010
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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, Hawaii
 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 56 year old female who sustained an industrial injury on 03/01/2010. Medical records indicated the worker was treated for injury to the right wrist and hand, right lower arm, and both thumbs, and chronic pain regional pain syndrome. In the provider notes of 09-09-2015, the injured worker complains of pain, stiffness, and loss of range of motion with the left wrist. Objectively, there is tenderness noted along the carpometacarpal and scapho-trapezotrapezoidal joints. She cannot make a full fist, and she can only raise the fourth metacarpophalangeal joint. Medications include Norco (since at least 04-27-2015), Flexeril (since at least 05-06-2015) and Neurontin (since at least 04-012-015). The treatment plan includes medications, and she will continue working as tolerated. A request for authorization was submitted for: 1. Norco 10/325mg #60. 2. Flexeril 7.5mg #60 (for October 2015). 3. Neurontin 600mg #90 (for October 2015). 4. Norco 10/325mg #60 (for October 2015). A utilization review decision 09-22-2015 non-certified the Flexeril 7.5mg #60 (for October 2015) and certified:- Neurontin 600mg #90 (for October 2015), Norco 10/325mg #60 (for October 2015), Norco 10/325mg #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 (for October 2015): Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral thumbs and wrists. The current request is for Flexeril 7.5mg #60 (for October 2015). The treating physician states in the report dated 10/9/15, "She will receive Flexeril 7.5 mg (#60)." The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has prescribed this medication since at least May 2015 which would exceed the MTUS guidelines. The current prescription is not for short term usage and there is no documentation of spasms or an acute flare up to warrant this request. The current request is not medically necessary.