

Case Number:	CM15-0206925		
Date Assigned:	10/23/2015	Date of Injury:	08/06/2012
Decision Date:	12/04/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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 66-year-old female who sustained an industrial injury on 8-6-2012 and has been treated for bilateral wrist contusion, sprain, and carpal tunnel syndrome; left knee sprain and thinning of cartilage; right knee contusion and medial meniscus tear; and she is status post right knee arthroscopic surgery 7-31-2013; status post right wrist surgery 1-16-2014; and status post left wrist surgery 7-15-2014. On 9-15-2015, the injured worker reported right mild wrist pain with locking at the left thumb, including tingling and coldness in the left upper extremity. Objective findings included decreased and painful right wrist range of motion, right thumb trigger at A1 pulley, and the left wrist was painful on palpation had positive Tinel and Phalen's tests, and mild edema. On 8-10-2015, she was also complaining of throbbing right knee pain, stiffness and cramping. Documented treatment includes knee Synvisc injection, bracing, and the injured worker has been prescribed Flexeril for at least 4 months. Response to this medication is not documented. The treating physician's plan of care includes a refill of Flexeril 10 mg #60, which was denied on 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: 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: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic knee and wrist pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.