

<b>Case Number:</b>	CM15-0021574		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Arizona  
 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 52-year-old female who reported an injury on 01/20/2010. The mechanism of injury was due to repetitive use of keyboard and computer mouse. Her relevant diagnoses include status post bilateral carpal tunnel release, bilateral carpal tunnel syndrome, left cubital tunnel syndrome, cervical musculoligamentous sprain/strain and status post right trigger thumb release. Her past treatments include surgery, medications and physical therapy. On 12/15/2014, the injured worker complained of left wrist pain, right shoulder pain and difficulty sleeping. The injured worker rated her pain at a 7/10 to 8/10 with medication use and 9/10 without medication. The injured worker noted improvement of activities of daily living, as well as increased ability to work and use her upper extremities as a result of her current medication usage. Her relevant medications were noted to include Norco, Soma and Duexis. The treatment plan included Flexeril. A rationale was not provided. A Request for Authorization form was submitted on 12/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #100 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-64, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The request for Flexeril 10mg #100 with 3 refills is not medically necessary. According to the California MTUS Guidelines, nonsedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was indicated to have chronic left wrist and right shoulder pain. However, there was lack of documentation to indicate the injured worker had muscle spasms or had an acute exacerbation with chronic low back pain. In addition, the guidelines do not support the use of muscle relaxants due to diminished efficacy over time and indication the medication leads to dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.