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| Case Number: | CM15-0023456 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 11/30/2011 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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 44-year-old female who reported an injury on 11/30/2011. The mechanism of injury was due to a fall. On 12/08/2014, she presented for a follow-up evaluation regarding her work related injury. She reported pain in the neck, upper back, left shoulder, right elbow, and right middle finger with radiation into both arms. The pain was associated with weakness into the hands. She rated her pain at a 7/10, with 3/10 being its best and 10/10 being the worst. The physical examination showed range of motion was within normal limits in the right shoulder. The right elbow showed full range of motion and a well healed scar. There was tenderness to palpation over the lateral epicondyle and a positive Tinel's with resisted wrist extension. Motor strength testing was a 5/5 throughout with the exception of 4/5 upon the right elbow flexion and extension and right grip strength. Sensation was noted to be intact throughout the upper extremities, and deep tendon reflexes were a 1/4. She was diagnosed with right lateral epicondylitis, rule out cubital tunnel syndrome. She was noted to be taking Flexeril 7.5 mg 1 to 2 per day for muscle spasms and Docuprene 100 mg as a stool softener. The treatment plan was for Flexeril 7.5 mg #60. The rationale for treatment was to continue alleviating the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, opioids Page(s): 63-64, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants for the short term treatment of low back pain. The documentation provided does not indicate that the injured worker has low back pain. Also, the documentation shows that she was taking Flexeril for muscle spasms. However, there were no muscle spasms noted on the physical examination. In addition, it is unclear how long she has been using this medication and, without this information, continuing would not be supported as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.