

Case Number:	CM15-0034932		
Date Assigned:	03/03/2015	Date of Injury:	08/11/2012
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57-year-old female, who sustained an industrial injury on 08/11/2012. The diagnoses have included carpal tunnel syndrome of the left, wrist joint inflammation, carpometacarpal joint inflammation of the thumb on the left, and chronic pain. Noted treatments to date have included soft brace, hot/cold wrap, and medications. Diagnostics to date have included left wrist MRI on 02/05/2013, which showed signal alteration involving the ulnar half of the lunate. In a progress note dated 01/20/2015, the injured worker presented for a follow up evaluation. The treating physician reported tenderness along the ulnar column of the wrist, along the flexor carpi radialis and extensor carpi ulnaris, as well as the base of the thumb. Utilization Review determination on 02/06/2015 non-certified the request for Flexeril citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore, the request for Flexeril is not medically necessary.