

Case Number:	CM15-0086118		
Date Assigned:	05/11/2015	Date of Injury:	04/05/2013
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 04/05/2013. He reported swelling and bruising of the left hand. He was found to have two comminuted fractures of the left thumb and coagulated blood. He was diagnosed with a closed fracture of the distal phalange of the left hand, wrist pain and multiple ecchymosis. Treatment to date has included x-rays, Tetanus injection, medications, casting, physical therapy, MRI and a cortisone injection. According to a progress report dated 04/09/2015, the injured worker complained of constant pain, left thumb swelling and weakness. He did not see any improvement. He reported of numbness to the tip of the thumb, constant left wrist pain that radiated to the left elbow and shoulder. Diagnoses included history of closed left thumb fracture, left de Quervain's tenosynovitis/injected on 01/14/2014, left thumb numbness and weakness, trigger of left middle finger A1 pulley/injected 07/17/2014, trigger of left ring finger A1 pulley and bilateral carpal tunnel syndrome electromyography positive. Recommendations included continue Spica splint as needed, possible steroid injection and possible surgery to left thumb, obtain Agreed Medical Evaluation report, order new left thumb Spica, refill Flexeril, Ibuprofen, Prilosec and Mentho-derm gel and urine toxicology. The injured worker was currently working with restrictions. Currently under review is the request for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril Duration/amount unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127, Postsurgical Treatment Guidelines.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, the amount of medicine, and therefore the duration of use, is not known. There has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. The request is not medically necessary.