

Case Number:	CM15-0013278		
Date Assigned:	01/30/2015	Date of Injury:	01/29/2013
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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, New York, 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 was a female, who sustained an industrial injury, January 29, 2013. The injured worker was diagnosed with bilateral carpal tunnel syndrome, overuse syndrome of the left upper extremity, De Quervain's tendinitis left wrist, carpometacarpal joint inflammation of the thumb, cubital tunnel syndrome of the left elbow, tendinitis extensor carpal ulnaris of the left wrist, tendinitis of the left shoulder, lesion on the ulnar nerve on the left, pain of the soft tissue of the limb and wrist sprain and strain and pain in the limb. The injured worker previously received the following treatments of physical therapy, Flexeril, EMG/NCS (electromyography and nerve conduction studies), over the counter anti-inflammatory medication, left wrist/thumb immobilizer and an MRI left wrist, on November 6, 2014. According to progress note of December 10, 2014, the injured workers chief complaint was tenderness and pressure over the medial left elbow. The physical exam noted reduced sensation in the left ulnar nerve distribution and median dermatomal distribution. The progress note of December 8, 2014, the injured worker was having cramping t in the left wrist and thumb especially with use. On December 8, 2014, the primary treating physician requested a renewal for prescription for Flexeril 10mg #30 for left wrist and thumb cramping. On December 24, 2014, the utilization review denied authorization for a prescription for Flexeril 10mg #30. The utilization Reviewer referenced MTUS/ACOEM and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was placed off of work, on total temporary disability, on December 8, 2014. On that date, the attending provider renewed Flexeril without any explicit mention or discussion of medication efficacy. The fact that the applicant remained off of work, on total temporary disability, despite ongoing Flexeril usage suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.