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| <b>Case Number:</b>   | CM15-0019118 |                              |            |
| <b>Date Assigned:</b> | 02/09/2015   | <b>Date of Injury:</b>       | 01/12/2009 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/02/2015 |

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on 1/12/09. She has reported left arm and hand injuries with right wrist injury after a full hot food cart fell on her and crushed and burned the left arm. The diagnoses have included cervical neck pain with radiculopathy, reflex sympathetic dystrophy of left upper extremity, chronic syndrome and right carpal tunnel syndrome/ radiculopathy. Treatment to date has included medications, diagnostics, splinting, and conservative measures. Currently, the injured worker complains of right wrist pain rated 8/10 on pain scale. She feels that it has worsened since the last visit. She has not had any treatment done but is taking medication to manage the pain. The current medications included Flexeril, Neurontin and Norco. Physical exam of the right wrist/forearm revealed mottling of the skin with tremors noted of the hands. The exam for carpal tunnel was positive for Tinel's and Phalen's sign. There was tenderness noted at the carpal tunnel and grip strength was decreased. The EMG study revealed radiculopathy and carpal tunnel. The recommendation was for carpal tunnel release and medications. Work status was total temporary disability. On 1/27/15 Utilization Review non-certified a request for Flexeril 10 MG Qty 90, noting that the guidelines do not recommend muscle relaxants as any more effective than Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) alone and the medical necessity has not been established. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: "Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks."According to the clinical documents, the Flexeril requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Flexeril is not indicated a medical necessity to the patient at this time.