

Case Number:	CM15-0118285		
Date Assigned:	06/26/2015	Date of Injury:	10/10/2013
Decision Date:	07/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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, Alabama, 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 (n) 35 year old female, who sustained an industrial injury on 10/10/13. She reported pain in her left hand related to repetitive motions. The injured worker was diagnosed as having carpal tunnel syndrome, status post release with chronic left wrist pain. Treatment to date has included an EMG/NCV on 11/22/13, a left wrist injection and physical therapy. Current medications include Tramadol and Flexeril. As of the PR2 dated 5/20/15, the injured worker reports pain in the left hand that radiates to the left arm. She rates her pain a 9/10 at best and a 10/10 at worst. Objective findings include left wrist full range of motion, tenderness to palpation over the radial and ulnar aspects of the wrist and a positive Tinel's sign. The treating physician requested Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 tab 2 times daily as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, muscle relaxants Page(s): 75-78, 63-64.

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

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short-term treatment of acute exacerbation 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 10 MG # 60 is not medically necessary.