

<b>Case Number:</b>	CM15-0123198		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 with an industrial injury dated 04/01/2008. The injured worker's diagnoses include right upper extremity complex regional pain syndrome status post right carpal tunnel release in 2010. Treatment consisted of MRI of right shoulder, Electromyography (EMG) and Nerve conduction velocity (NCV), prescribed medications, stellate ganglion block, acupuncture therapy, chiropractic therapy, physical therapy, and periodic follow up visits. In a progress note dated 04/20/2015, the injured worker presented for medication refill. The injured worker reported ongoing neck pain, ongoing right wrist pain, back pain and increased left arm pain since previous visit on 10/20/2014. The injured worker rated pain a 9/10. Objective findings revealed positive hyperalgesia and allodynia in right upper extremity and hand, positive tremor in right hand, severely limited range of motion and moderate swelling throughout the right upper extremity. The treating physician prescribed Flexeril cream #1, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril cream #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2008. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive clinical findings, acute flare-up, intolerance to oral medication, or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril cream #1 is not medically necessary or appropriate.