

<b>Case Number:</b>	CM15-0078504		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 37 year old female with an industrial injury dated 10/20/2012. The injured worker's diagnoses include bilateral carpal tunnel syndrome, bilateral wrists tenosynovitis, neuropraxia of the media nerve on the right, and right wrist fasciitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/05/2015, the injured worker reported bilateral wrist and hand pain. Objective findings revealed full range of motion with pain in bilateral wrists, mid hand and digital edema and positive Durkin's, Tinel's and Phalen's sign. The treating physician prescribed Flexeril 10mg now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Flexeril 10mg #60 with 2 refills: Upheld**

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

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

**Decision rationale:** Guidelines state that flexeril is recommended as a short term option for the short term treatment of back pain and spasticity. In this case, the patient is being treated for carpal tunnel syndrome without mention of back pain and there is no mention of spasticity. Thus the request for flexeril 10 mg #60 with 2 refills is not medically appropriate and necessary.