

Case Number:	CM15-0092496		
Date Assigned:	05/18/2015	Date of Injury:	08/31/2004
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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 was a 33 year old male, who sustained an industrial injury, August 31, 2004. The injured worker previously received the following treatments Percocet, Trazodone, Cymbalta, Xanax, Gabapentin, Flexeril, upper extremity arm brace for protection and support, hand therapy and left wrist brace. The injured worker was diagnosed with muscle contraction headache, related to narcotic habituation, status post right upper extremity trauma and residual of right carpal tunnel release, ulnar transposition at the elbow and CRPS (complex regional pain syndrome) of the upper extremities, right greater than the left, chronic pain syndrome and encounter for therapeutic drug monitoring. According to progress note of April 14, 2015, the injured workers chief complaint was pain upper extremities. The injured worker rated the pain 8 out of 10. Physical therapy helped decrease the pain and improved function slightly. The physical exam noted the injured worker was uncomfortable due to pain and somnolent and well nourished. There was tenderness with palpation over the SCS battery and contracture of the right hand. There was paraspinal tenderness on the right and left. The rotation the right and left was 60 degrees do to pain. The right upper extremity was in a brace. There was decreased range of motion in the right shoulder. There was muscle atrophy noted in the right upper extremity. The left wrist brace was on. The left upper extremity had a less degree of allodynia and hyperesthesia in the forearm and wrist. The range of motion reduced in the wrist, decreased grip strength on the left. The treatment plan included a prescription for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations 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 with the previous use of the medication. Therefore, the request for FLEXERIL 7.5mg # 90 is not medically necessary.