

<b>Case Number:</b>	CM15-0096466		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Texas, California

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 61-year-old female, who sustained an industrial injury on November 7, 2008. She reported left forearm pain, left hand pain and right shoulder pain. The injured worker was diagnosed as having carpal tunnel syndrome, chronic intractable pain, epicondylitis, myofascial pain, neuropathy of the upper extremity and wrist pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder on 8/11/14, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued left forearm pain and left hand pain, tingling and numbness with associated sleep disruptions. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 17, 2015, revealed continued pain as noted. She was noted to have returned to work and was no longer approved for acupuncture. She noted improvement with previous acupuncture. It was noted she could not take non-steroidal anti-inflammatories daily secondary to gastrointestinal upset. She reported improved sleep with flexeril. Flexeril was requested. The medication list includes Ibuprofen, Alprazolam and Flexeril. Per the doctor's note, dated 4/17/15, patient had complaints of pain in the right upper extremity. Physical examination revealed normal ROM and strength and no tenderness on palpation and normal neurological examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 x 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**Decision rationale:** Request: Flexeril 10mg #30 x 1 refill. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of pain." The injured worker was diagnosed as having carpal tunnel syndrome, chronic intractable pain, epicondylitis, myofascial pain, neuropathy of the upper extremity and wrist pain. Currently, the injured worker complains of continued left forearm pain and left hand pain, tingling and numbness with associated sleep disruptions. She reported improved sleep with Flexeril. Per the doctor's note, dated 4/17/15, patient had complaints of pain in the right upper extremity. These conditions are prone to intermittent exacerbations. Therefore, with this, it is deemed that, the use of the muscle relaxant Flexeril 10mg #30 x 1 refill is medically necessary in this patient.