

Case Number:	CM14-0104234		
Date Assigned:	07/30/2014	Date of Injury:	04/02/2006
Decision Date:	11/19/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 59 year-old female with date of injury 04/02/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/03/2014, lists subjective complaints as pain in the left elbow and wrist. Objective findings: Examination of the left elbow revealed normal range of motion. Tenderness to palpation was noted over the ulnar nerve. Elbow flexion was painful. No discomfort to palpation of the medial or lateral epicondyles. Left wrist had full range of motion. Carpal tunnel compression test reproduced numbness and tingling to the radial three digits. Weakness of the first dorsal interosseous was noted but there was no atrophy. Pain at the extremes of pronation and supination. Diagnosis: 1. Carpal tunnel syndrome, left wrist 2. Moderate cubital tunnel syndrome, left wrist 3. Triangular fibrocartilage tear, left 4. Volar forearm mass, left. The medical records supplied for review document that the patient was first prescribed the following medication on 06/20/2014. Medications: 1. Flexeril 10mg, #90 SIG: one tab three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg. #90 (Dispensed 06/20/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been given a quantity of cyclobenzaprine exceeding that necessary for the 2-3 weeks recommended by the MTUS. Flexeril 10 mg. #90 (Dispensed 06/20/14) is not medically necessary.