

Case Number:	CM13-0026852		
Date Assigned:	03/19/2014	Date of Injury:	10/17/2011
Decision Date:	04/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 53 year old female with a date of injury of 10/17/2011. The listed diagnosis per [REDACTED] dated 05/21/2013 is, bilateral carpal tunnel syndrome According to progress report dated 05/21/2013 by [REDACTED], the patient complains of headaches, shoulder, upper arms, wrist and hand pain. She rates her pain between 6-8/10. She reports weakness, numbness, locking, grinding and swelling. The pain radiates to her fingers. Physical examination shows tenderness to palpation over the dorsal aspect of the wrist/hands. Finkelstein's rest was positive bilaterally. The treating physician is requesting Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF CYCLOBENZAPRINE HYDROCHLORIDE 10MG #30:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends Cyclobenzaprine as a short course of therapy with limited and mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants and is not recommended to be used longer than 2-3 weeks. Review of over 700 pages of records show that the patient has been taking Cyclobenzaprine since 05/21/2013. It is unclear if the patient has utilized this medication prior to this date. Progress report dated 08/27/2013 by [REDACTED], does not document muscle spasms during physical examination. In this case, the MTUS does not support the use of this medication longer than 2-3 weeks. The request for a pharmacy purchase of Cyclobenzaprine Hydrochloride 10mg # 30 is not medically necessary and appropriate.