

<b>Case Number:</b>	CM13-0057420		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Internal 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:

The patient is an employee of [REDACTED] and has submitted a claim for bilateral wrist pain, with an industrial injury date of December 9, 2010. Treatment to date has included medications which include physical therapy, home exercises, Anchovy procedure with carpectomy and excision of trapezial bone and interposition arthroplasty using the palmaris longus tendon (September 2012), shock wave therapy to right wrist (May, June 2013), shock wave therapy to left wrist (June, July 2013) and medications which include Anaprox, hydrocodone, tramadol, Soma, cyclobenzaprine, alprazolam, Dendracin topical cream, Terocin, Ketoprofen/Capsaicin cream, Cyclobenzaprine/Ketoprofen/Lidocaine ultracream. Utilization review from October 25, 2013 denied the request for retrospective alprazolam 0.5mg #60 and retrospective cyclobenzaprine 10mg #60, both provided on September 4, 2013. Medical records from 2012 to 2013 were reviewed, the latest of which dated October 15, 2013 which revealed that the patient complains of frequent mild right thumb pain that is shooting, aching, sharp, burning in character with a pain scale of 6/10; occasional mild left thumb pain that is aching and tight in character with a pain scale of 5/10; and intermittent minimal neck pain that is burning, aching and shooting in character with a pain scale of 1/10. On physical examination, there was noted limitation in range of motion of both wrists. Right wrist extension up to 50 degrees, ulnar deviation up to 20 degrees with pain and radial deviation up to 20 degrees with pain. Left wrist radial deviation up to 20 degrees. There is positive Finkelsteins test bilaterally. There is tenderness to palpation over the carpal bones and thenar eminence bilaterally. There is limitation in range of motion of the thumb MCP right flexion up to 50 degrees and right extension up to 50 degrees, and thumb DIP right flexion up to 60 degrees and right extension up to 190 degrees. Jamar dynamometer grip strength readings are as follows: right 18/20/20kg, left 20/20/22kg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM 0.5MG, SIXTY COUNT, PROVIDED ON SEPTEMBER 4, 2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. In this case, alprazolam has been prescribed since June 2013 for anxiety, stress and insomnia. The recent clinical evaluation does not indicate relief of symptoms and functional improvement of the patient. Also, the duration of use of alprazolam has exceeded the recommended duration. The request for Alprazolam 0.5mg, sixty count, provided on September 4, 2013, is not medically necessary or appropriate.

**CYCLOBENZAPRINE 10MG, SIXTY COUNT, PROVIDED ON SEPTEMBER 4, 2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzprine Page(s): 41-42.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is recommended for a short course of therapy, with its effect is greatest in the first four days of treatment. In this case, cyclobenzaprine has been used since August 2013 for muscle spasm. The recent clinical evaluation does not indicate relief of pain from muscle spasm and functional improvement of the patient. The request for cyclobenzaprine 10mg, sixty count, provided on September 4, 2013, is not medically necessary or appropriate.