

Case Number:	CM14-0007990		
Date Assigned:	02/12/2014	Date of Injury:	10/03/2011
Decision Date:	07/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 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:

This is a 53-year-old male with a 10/3/11 date of injury. He was pushing a plastic pipe, when it got stuck and his left hand got bent backwards. He felt a pop in his left hand and immediate swelling. An 8/22/13 progress report indicated that the patient complained of constant pain to the left hand, 6/10 that radiated to the right arm and thumb with associated numbness and tingling sensation. The pain increased at night. Physical exam demonstrated biceps deformity and tenderness to palpation of the right biceps muscle, mild inflammation and tenderness to palpation of the right medial epicondyle, with slightly decreased ROM. He was diagnosed with left biceps deformity/ possible tear, left wrist sprain/strain, left elbow medial epicondylitis, left upper extremity neuropathy. There was a progress report dated 9/16/13 that was handwritten and illegible. Treatment to date: recommended for chiropractic treatment, acupuncture, medication - Cyclobenzaprine 10mg #30, Naproxen 550mg #60, transdermal compounds. There is documentation of a previous 1/7/14 adverse determination. The request was modified from 30 tablets to 14. The UR decision indicated that no peer to peer contact was made, so partial certification was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63, and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no clear description of an acute exacerbation of the patient's chronic pain. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. The records provided indicate the patient has been on muscle relaxants long-term. Therefore the request for Cyclobenzaprine 10mg #30 is not medically necessary and appropriate.