

<b>Case Number:</b>	CM14-0012850		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 36 year old female with an injury reported on 10/20/2012. The mechanism of injury was noted as a repetitive pulling motion. The clinical note dated 12/12/2013 reported that the injured worker complained of bilateral hand pain. The physical examination revealed mild tenderness to palpation to bilateral extensor/dorsal surface with a positive Tinel's test, Phalen's, and Durkan's carpal compression test. It was reported the injured worker had full range of motion and 5/5 strength in all planes. The injured worker's prescribed medication list included nabumetone 750mg and cyclobenzaprine 10mg. The injured worker's diagnoses included mild bilateral carpal tunnel syndrome and bilateral hand pain. The provider requested Flexeril for the injured worker's carpal tunnel syndrome; and requested 1 CBC, CRP, CPK, CHEM 8, Hepatic and arthritis panel, the rationale was not provided. The request for authorization was submitted on 01/31/2014. The injured worker's prior treatments included right and left wrist cortisone injection, wrist splints, EMG/NCS, rest and home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** The request for flexeril 10mg # 60 is non-certified. The injured worker complained of bilateral hand pain. The injured worker's prescribed medication list included nabumetone 750mg and cyclobenzaprine 10mg. The provider requested flexeril for the injured worker's carpal tunnel syndrome. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of information provided documenting the efficacy of flexeril as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

**1 CBC, CRP, CPK, CHEM 8, HEPATIC AND ARTHRITIS PANEL:** Upheld

**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 NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation MedlinePlus, C-reactive protein & Creatine Phosphokinase test, online database <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>

**Decision rationale:** The request for 1 CBC, CRP, CPK, CHEM 8, Hepatic and arthritis panel is non-certified. The injured worker complained of bilateral hand pain. The provider requested 1 CBC, CRP, CPK, CHEM 8, Hepatic and arthritis panel, the rationale was not provided. The CA MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. MedlinePlus states that CRP is a general test to check for inflammation in the body, but it cannot pinpoint the exact location. MedlinePlus states that CPK testing is to determine injury or stress to the muscle tissues in the heart or brain. The provider did not provide rationale for laboratory testing. There is a lack of information indicating the location of inflammation in the injured worker. It was noted the injured worker's prescribed medication list included nabumetone, which is indicated for inflammatory pain. The clinical note dated 07/11/2013, revealed the injured worker had been using nabumetone 750mg at that time. There is a lack of clinical information indicating when the injured worker began NSAID therapy for inflammatory pain. The guidelines recommend lab testing within 4 to 8 weeks after starting therapy; however, repeating lab testing after 4 to 8 weeks of treatment duration is not recommended. There is a lack of clinical information indicating the injured worker has had injury or stress to the muscle tissue of the heart or brain. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary or appropriate.

