MAXIMUS Federal Services

Case Number:	CM14-0016043		
Date Assigned:	02/28/2014	Date of Injury:	07/06/2001
Decision Date:	07/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old individual was injured in July, 2001. It is also noted that the compounded medication was not certified in January, 2014. Past surgical treatment has included a cubital tunnel release on the left and a right shoulder decompressive arthroscopy. There are continued complaints of numbness in the left hand. The progress note indicates the diagnosis as carpal tunnel syndrome (354.0). Physical exam completed in December, 2013 notes a decrease in right shoulder range of motion, tenderness to palpation about the left elbow and a limited range of motion of the left wrist. Motor is intact. Urine drug screening has been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID (CYCLOBENZAPRINE HCL) 7.5 MG #60 TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 48.

Decision rationale: This medication is a muscle relaxant type of preparation and as outlined in the guidelines, there is an indication for a short course of therapy as evidence as it does not allow

for chronic or indefinite use. Occasional use for a flare up of symptoms can be supported; however, when noting the limited progress notes presented for review, there is no noted efficacy with use of this preparation and no findings on physical examination to support the clinical need. As such, this is not warranted.