

Case Number:	CM14-0120213		
Date Assigned:	08/06/2014	Date of Injury:	06/23/2009
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 28-year-old female who has submitted a claim for right TFCC tear s/p repair (08/12/2010), right lunotriquetral atrocious ligament, right ulnar shortening osteotomy, arthrodesis intercarpal right lunotriquetrial articulation with use of right distal radius bone graft, intraoperative fluoroscopy for guidance of placement of internal fixation at the level of right wrist and also at level of right forearm, CRPS type II, right shoulder sprain, myofascial pain, left wrist sprain, right de Quervain tenosynovitis, right radial styloid tenosynovitis, right first dorsal compartment release, incision extensor tendon sheath wrist de Quervain disease application of short arm splint, and possible CRPS right side associated with an industrial injury date of 06/23/2009. Medical records from 01/14/2013 to 06/04/2014 were reviewed and showed that patient complained of pain in the posterior aspect of the right elbow and pain in the volar aspect of right distal radioulnar joint. Physical examination revealed crepitus over volar ulnar aspect of right distal forearm and dorsal aspect of right wrist at the fourth dorsal compartment during digit flexion and extension, restricted right elbow ROM, and positive Tinel's test over right cubital tunnel. EMG/NCV of upper extremities dated 05/11/2012 revealed mild cubital tunnel syndrome (laterality not specified). Treatment to date has included right TFCC tear repair (08/12/2010), incision of extensor tendon sheath, wrist and application of short arm splint (01/14/2014), right wrist steroid injections (03/29/2013 and 09/09/2013), wrist splint, physical therapy, and pain medications. Utilization review dated 07/22/2014 denied the request for Cyclobenzaprine HCl powder (compound) Qty 60 Refill:1 because there was no evidence that oral pain medications are insufficient to alleviate pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCl, Qty. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to pages 111-113 of CA MTUS Chronic Pain Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended for topical use. In this case, the patient was prescribed Cyclobenzaprine HCl powder (compound) #60 (DOS: 07/22/2014). However, cyclobenzaprine is not recommended for topical use. A compound that contains at least one drug (or drug class) that is not recommended is not recommended as stated in the guidelines. Therefore, the request for Cyclobenzaprine HCl, Qty. 60 is not medically necessary.