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| <b>Case Number:</b>   | CM14-0127708 |                              |            |
| <b>Date Assigned:</b> | 08/15/2014   | <b>Date of Injury:</b>       | 11/10/2005 |
| <b>Decision Date:</b> | 09/11/2014   | <b>UR Denial Date:</b>       | 08/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2014 |

### 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 Family Practice and is licensed to practice in Ohio. 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 developed the gradual onset of right hand and wrist pain is a cumulative effect of coring out lettuce for many years. She has been out of work since 2005. She was initially diagnosed with flexor tendinitis of the right wrist, pronator tunnel syndrome, and with a compressive ulnar neuropathy. She's later diagnosed with right sided carpal tunnel syndrome and underwent a carpal tunnel release surgery in 2007. Her symptoms worsened and she developed pain not only the right wrist but the entire right upper extremity extending into the neck. She was diagnosed with reflex sympathetic dystrophy in 2008. In 2013 she began to complain of pain in the left arm and left hand as a result of not being able to use the right side. She has been treated with a variety of medications including anti-inflammatories, sleeping medication, antidepressants, and opioids. In March 2014 she was prescribed Amrix for subjective complaints of hand cramping and as a sleep aid as it was anticipated that Lunesta would not be certified. The records seem to reflect a trial of Amrix for three months but the records do not state how helpful Amrix was. The last prescription for Amrix appears to have been from April 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Amrix 15 mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Section on Chronic Pain <Cyclobenzaprine, Chronic Regional Pain Syndrome: Clinical Presentation and Diagnostic Criteria and Medications Topics.

**Decision rationale:** Chronic regional pain syndrome is characterized by at least four of five the following symptoms: a difference in skin color, edema, difference in skin temperature and active range of motion of an extremity, with signs and symptoms that are present in an area larger than expected of initial trauma which increase during or after exercise. Medications used commonly to treat this condition include nonsteroidal anti-inflammatories, antidepressants, anticonvulsants, and opioids. Beyond medications, physical therapy to include desensitization, isometric exercises, resisted range of motion, and stress loading are recommended. Other interventions to enhance participation in rehabilitation may include muscle relaxants, trigger point injections and electrical stimulation. Amrix is a muscle relaxant known generically as Cyclobenzaprine. Cyclobenzaprine is recommended as an option for chronic pain but with short courses of therapy, essentially for exacerbations. In this instance Cyclobenzaprine (Amrix) was prescribed continuously in the evening primarily as a sleep aid. Because Amrix in this instance was not being used as an adjunct to rehabilitation and was essentially being used as a sleep aid, its continued use is not supported. Therefore, the request for Amrix 15 mg #30 is not medically necessary and appropriate.