

Case Number:	CM14-0171495		
Date Assigned:	10/23/2014	Date of Injury:	10/26/2012
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 31 year-old female who sustained an industrial injury on October 26, 2012. She is status post right wrist reconstruction in July 2013 and status post right TFCC debridement on July 14, 2014 and has completed 12 post operative physical therapy sessions. A January 14, 2014 report by [REDACTED] documented the patient was status post right wrist surgery/ganglionectomy on July 3, 2013 and reported no improvement. She failed 36 sessions of postoperative physical therapy. UDS (urine drug screen) collected on February 25, 2014, March 24, 2014, June 26, 2014 and August 21, 2014 were all negative for tramadol which was inconsistent with prescribed medications. EMG/NCV was completed on January 31, 2014. The impression revealed: Normal study of the bilateral upper extremities. EMG/NCV was completed on February 20, 2014. The conclusion revealed: No abnormalities of nerve conduction studies and bilateral arm electromyography was normal. An OT progress note dated September 26, 2014 documented patient has undergone 12 postoperative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: additional post-op physical therapy 3 times a week for 4 weeks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations Page(s): 22.

Decision rationale: The CA MTUS Post Surgical Treatment Guidelines recommend up to 10 post operative PT sessions for the patient's condition. The patient has undergone 12 postoperative physical therapy sessions. In addition, the post surgical treatment period is four months, and the patient is now beyond the treatment period. Additional therapy is not warranted based on the MTUS guidelines. The request is not medically necessary.

Retrospective for date of service 09/18/14, Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 42.

Decision rationale: Per the MTUS, Flexeril is "Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008) Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. (Tofferi, 2004) Note: Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. (Kinkade, 2007) Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical."The MTUS guidelines recommend a short course of therapy. The request for 90 pills is not consistent with a short course of therapy. The request is not medically necessary.