

Case Number:	CM14-0021404		
Date Assigned:	05/07/2014	Date of Injury:	07/03/2009
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Medicine, has a subspecialty in Nutrition/Lifestyle and is licensed to practice in New Jersey. 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 worker is a 43 year old male who injured his right middle finger on 7/3/09. He later developed pain of the right middle finger, and intermittent pain in his upper and lower right arm. He later developed lower back pain with radiation into the right leg. He was diagnosed with traumatic finger amputation, neuropathic pain, trigger finger, psychogenic pain, pain in shoulder, and neck pain, and complex regional pain syndrome according to the records provided. He has been treated with topical analgesics, opioids, muscle relaxants, Topamax, gabapentin, and Tylenol, as well as massage therapy, home exercises, and has graduated from a functional restoration program. With these treatments, he was able to continue working. On 1/14/14, the worker was seen by his treating pain specialist physician reported that he had been having increased pain in his right arm for the prior month. Examination was not significantly remarkable, but noted the typical right arm and finger tenderness. Refills on medications were provided including cyclobenzaprine 7.5 mg (90 day supply). The most recent note seen dated prior to the request was on 2/11/14, when the worker was seen again by his physician complaining of his usual right arm pain without change in severity beyond his chronic levels of pain. He reported that his right middle finger was still very sensitive to touch and that working still aggravates this finger. He also reported that he preferred using Topamax over Gapapentin, which he had been trialing as he tolerated the Topamax better. Refills of his medications were provided, and he was encouraged to continue his home exercises. Due to the worker not using Cyclopenzaprine all of the time and that he had a 90 day supply prescribed one month prior, there was no need for a refill at this appointment, at least according to the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The worker is a 43 year old male who injured his right middle finger on 7/3/09. He later developed pain of the right middle finger, and intermittent pain in his upper and lower right arm. He later developed lower back pain with radiation into the right leg. He was diagnosed with traumatic finger amputation, neuropathic pain, trigger finger, psychogenic pain, pain in shoulder, and neck pain, and complex regional pain syndrome according to the records provided. He has been treated with topical analgesics, opioids, muscle relaxants, Topamax, gabapentin, and Tylenol, as well as massage therapy, home exercises, and has graduated from a functional restoration program. With these treatments, he was able to continue working. On 1/14/14, the worker was seen by his treating pain specialist physician reported that he had been having increased pain in his right arm for the prior month. Examination was not significantly remarkable, but noted the typical right arm and finger tenderness. Refills on medications were provided including cyclobenzaprine 7.5 mg (90 day supply). The most recent note seen dated prior to the request was on 2/11/14, when the worker was seen again by his physician complaining of his usual right arm pain without change in severity beyond his chronic levels of pain. He reported that his right middle finger was still very sensitive to touch and that working still aggravates this finger. He also reported that he preferred using Topamax over Gabapentin, which he had been trialing as he tolerated the Topamax better. Refills of his medications were provided, and he was encouraged to continue his home exercises. Due to the worker not using Cyclobenzaprine all of the time and that he had a 90 day supply prescribed one month prior, there was no need for a refill at this appointment, at least according to the documentation provided.