

Case Number:	CM14-0168475		
Date Assigned:	12/12/2014	Date of Injury:	12/22/2006
Decision Date:	01/21/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 is a 67-year-old female who reported injuries after trying to grab an item from a moving conveyor belt on 12/22/2006. On 05/05/2014, her diagnoses included right elbow ulnar nerve compression. Her complaints included ongoing pain of her right elbow rated 7/10 with numbness into the hand and 4th and 5th digits. Her medications included Relafen 750 mg and Cyclobenzaprine 7.5 mg. On 07/18/2014, she underwent a right cubital tunnel release. On 07/29/2014, this injured worker noted significant improvement in her symptoms following the cubital tunnel release. She had some expected postoperative limited range of motion. The treatment plan included a request for postsurgical right cubital tunnel physical therapy. The cyclobenzaprine was being prescribed for spasms. The Relafen was prescribed for pain or inflammation caused by arthritis. A request for authorization dated 05/05/2014 for the medications, and a request for authorization for the physical therapy dated 07/29/2014 were included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Post-op physical therapy sessions for right cubital tunnel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The request for 18 Post-op physical therapy sessions for right cubital tunnel is not medically necessary. The California MTUS Postsurgical Treatment Guidelines note that the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery performed. The recommended number of visits for postsurgical treatment of cubital tunnel release is 20 visits over 3 months. 1 half of that would be 10 visits. The requested 18 visits exceed the recommendations in the guidelines. Therefore, this request for 18 post-op physical therapy sessions for right cubital tunnel is not medically necessary.

1 Prescription of Cyclobenzaprine 5 mg #60: Upheld

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

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

Decision rationale: The request for 1 prescription of Cyclobenzaprine 5 mg #60 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs, and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that this injured worker has been using Cyclobenzaprine for greater than 5 months, which exceeds the recommendations in the guidelines. Additionally, the request did not include frequency of administration. Therefore, this request for 1 prescription of Cyclobenzaprine 5 mg #60 is not medically necessary.

1 Prescription of Relafen 750 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumatone (Relafen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for 1 prescription of Relafen 750 mg #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. Relafen is recommended for osteoarthritis. This injured worker does not have a diagnosis of osteoarthritis. The request as submitted did not specify a frequency of administration. Therefore, this request for 1 prescription of Relafen 750 mg #60 is not medically necessary.