

<b>Case Number:</b>	CM14-0190664		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/25/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 67 year old female with an injury date of 08/16/12. Based on the 05/16/14 progress report, the patient complains of right and left thumb pain which she rates as a 5/10. There is tenderness of the right and left thumb at the carpometacarpal joint. The 10/13/14 report states that the patient rates her pain as a 5/10 for the left thumb and a 3/10 for the right thumb. The 10/15/14 report indicates that the patient rates her pain as a 6/10 for the left thumb and a 3/10 for the right thumb. "Spasm of the intrinsic muscles of the hand decreased." No additional exam findings were provided. The patient's diagnoses include the following: Status post right carpal/metacarpal arthroplasty revision Extensor carpi ulnaris tenosynovitis, right knee Left carpometacarpal arthropathy The utilization review determination being challenged is dated 10/29/14. Treatment reports were provided from 05/15/13- 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 7.5 mg with a dos of 9/17/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 63.

**Decision rationale:** According to the 10/15/14 report, the patient presents with left thumb pain (rated as a 6/10) and right thumb pain (rated as a 3/10). The retrospective request is for Cyclobenzaprine 7.5 MG with a DOS OF 09/17/14. The patient has been taking Cyclobenzaprine as early as 05/15/13. According to MTUS Guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2 or 3 weeks." The MTUS page 63 states Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. The patient has been taking Cyclobenzaprine as early as 05/15/13, which indicates a long-term basis and is not within MTUS Guidelines. The physician does not indicate that this medication is to be used for short-term. The request is not medically necessary.