

Case Number:	CM14-0203975		
Date Assigned:	12/16/2014	Date of Injury:	06/24/2008
Decision Date:	02/03/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

This 67 year old woman sustained an industrial injury on 6/24/2008 when a wheelchair fell backwards causing her to twist her wrist and back. Current diagnosis is intractable bilateral wrist pain. Treatment has included oral medications, and epidural steroid injection. Physician notes from a PR-2 dated 9/3/2014 show complaints of constant bilateral wrist pain that is described as aching with stiffness that is worse in the morning and with cool weather. The pain is rated 7-8/10. Physical exam shows bilateral wrist swelling and difficulties with lifting and gripping. The worker also complains of impaired sleep. Recommendations include narcotic analgesia, laboratory testing for liver and kidney function due to long term NSAID use and short acting narcotics, and follow up in four weeks. On 11/13/2014, Utilization Review evaluated a prescription for Cyclobenzaprine tab 10 mg #60. The UR physician noted that there is insufficient documentation to contraindicate the use of NSAID pain relievers. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

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

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been prescribed Flexeril along with Norco. There combination of agents is not recommended. Therefore Flexeril is not medically necessary.