

Case Number:	CM15-0132075		
Date Assigned:	07/20/2015	Date of Injury:	07/25/2014
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 34 year old female who sustained an industrial injury on 07/25/2014. She was struck in the right foot with a knife used to cut fiberglass. The injured worker was diagnosed as having a laceration of the foot. She was given first aid, and after a time off work, a MRI and electromyogram were performed. She was told that the EMG showed a neuropathy. Treatment to date has included physical therapy, wound repair, chiropractic care, medications, and pain management. Currently, the injured worker complains of a constant burning pain, numbness and tingling of the right foot that is worse with walking or standing. The foot has intermittent swelling (not activity dependent), cold intolerance, and weakness. The pain frequently interferes with sleep and other activities of daily living. Diagnoses as of 04/13/2015 include: Injury of medial plantar nerve; Lesion of plantar nerve; Complex regional pain syndrome-lower limb. On exam, she is noted to be severely anxious and depressed secondary to the injury and finances. A definitive treatment plan is pending review of the worker's records. Current plan is to continue medications for pain control, and wait psychotherapy scheduling. A request for authorization was made for the following: Cyclobenzaprine 7.5mg #90.

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 Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work injury with a laceration to the right foot in July 2014. She continues to be treated for chronic foot pain which includes a diagnosis of CRPS. When seen, she was having right lower extremity pain and numbness. She was requesting a handicap parking placard. She was having difficulty coping and was depressed. Physical examination findings included an antalgic gait with use of a cane. Findings were otherwise unchanged with a prior assessment documenting diffuse tenderness with decreased range of motion, weakness, and decreased sensation. Cyclobenzaprine is closely related to the tricyclic anti-depressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.