

Case Number:	CM15-0140616		
Date Assigned:	07/30/2015	Date of Injury:	01/05/2010
Decision Date:	08/27/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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 date of injury is 01/05/2010. The claimant is a 50 year-old female. Current diagnoses include tenosynovitis flexor digitorum longus, brevis and Achilles, ganglion cyst distal tibial region right, rule out early sympathetically maintained pain syndrome right lower extremity, right peroneal neuropathy and right lower extremity complex regional pain syndrome (CRPS). Treatment to date has included surgical intervention of the ankle as well as conservative measures including medications, diagnostic testing and physical therapy. EMG (electromyography)/NCV (nerve conduction studies) of the bilateral lower extremities dated 1-21-2015 revealed findings consistent with status post right ankle sprain with reported right peroneal tear, status post peroneal tendon repair, probable right CRPS, right distal deep neuropathy affecting severe motor axon loss, mild right tarsal tunnel syndrome and significant, right greater than left circumference difference, reportedly chronic. Magnetic resonance imaging (MRI) of the right ankle dated 7-16-2014 showed tenosynovitis of the flexor digitorum longus, brevis and Achilles, as well as tendinosis and a ganglion cyst. Per the Primary Treating Physician's Progress Report dated 5-26-2015, the injured worker reported 5 out of 10 right ankle pain, increasing. She reported an overly sensitive right foot/ankle and distal lower extremity "severe" with associated weakness of the right lower extremity. Physical examination revealed hyperalgesia right ankle greatest at lateral aspect and hyperesthesia from 6cm proximal to ankle distally. There was pain with range of motion of foot in all planes and swelling of the right ankle. The plan of care included diagnostics and medication management and authorization was requested for magnetic resonance imaging (MRI) right ankle and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work-related injury in January 2010 and is being treated for chronic right ankle and lower extremity pain after undergoing surgery for an ankle sprain in June 2010. An MRI of the right ankle was done in July 2014 when the claimant was having pain, swelling, numbness and tingling, and decreased range of motion. Findings included tenosynovitis and a distal tibial ganglion cyst. When seen, there had been 12 recent physical therapy treatments. There was pain with range of motion and swelling. There was increased temperature and hypersensitivity. Diagnoses included possible CRPS. Cyclobenzaprine was continued and a repeat ankle MRI was requested. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. In this case, when seen by the requesting provider, there are no identified red flags that would support the need for obtaining a repeat MRI scan. The request was not medically necessary.

Cyclobenzaprine (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in January 2010 and is being treated for chronic right ankle and lower extremity pain after undergoing surgery for an ankle sprain in June 2010. When seen, there had been 12 recent physical therapy treatments. There was pain with range of motion and swelling. There was increased temperature and hypersensitivity. Diagnoses included possible CRPS. Cyclobenzaprine was continued and a repeat ankle MRI was requested. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. 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 this medication appears ineffective in treating the claimant's condition. Ongoing prescribing was not medically necessary.

