MAXIMUS Federal Services

Case Number:	CM15-0141879		
Date Assigned:	07/31/2015	Date of Injury:	05/20/2013
Decision Date:	08/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial injury on 05/20/2013 when a metal rack fell on her left wrist. The injured worker was diagnosed with left wrist internal derangement, left hand tenosynovitis, elbow sprain and left carpal tunnel syndrome. No surgical interventions were documented. Treatment to date has included diagnostic testing, occupational therapy, physical therapy, chiropractic therapy, brace, and paraffin wax, oral and topical medications. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience left elbow, wrist and hand pain. Examination of the left elbow demonstrated tenderness to palpation of the anterior, lateral, posterior and medial areas with muscle spasm of the dorsal and volar forearm. Range of motion was intact with negative Valgus and Tinel's signs. The left wrist revealed tenderness to palpation of the dorsal, lateral, medial and volar areas with full range of motion. Tinel's and Phalen's were positive with negative carpal compression and Finklestein's tests. The left palmar aspect of the hand was tender to palpation with full range of motion of all digits. Current medications are listed as Cyclobenzaprine, Gabapentin and topical analgesics. The injured worker remains on temporary total disability (TTD). Treatment plan consists of left compression glove, continuing with paraffin wax therapy, left thumb spica splint, medications as prescribed, physical therapy and the current request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #90 1 PO TID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. 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 on Flexeril for several months. The claimant had primarily a hand issue for which Flexeril is not routinely used. The continued and chronic use of Flexeril is not medically necessary.