

<b>Case Number:</b>	CM15-0149236		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51-year-old female, who sustained an industrial injury on 6-17-12. The injured worker was diagnosed as having left hand weakness, status post left posterior interosseous nerve release, status post bilateral carpal tunnel release, recurrent left carpal tunnel syndrome, possible left ulnar neuropathy or DeQuervain's, chronic pain syndrome, and left upper limb trauma with left 5th trigger finger. Treatment to date has included injections, TENS, and medication. Currently, the injured worker complains of dropping objects with the left hand. The treating physician requested authorization for retrospective Cyclobenzaprine 7.5mg #60 for the date of service 7-8-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 7.5mg, quantity: 60, date of service: 07/08/15:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 64-66, 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

**Decision rationale:** This claimant was injured in 2012 with left hand weakness, status post left posterior interosseous nerve release, status post bilateral carpal tunnel release, recurrent left carpal tunnel syndrome, possible left ulnar neuropathy or De Quervain's, chronic pain syndrome, and left upper limb trauma with left 5th trigger finger. Treatment to date has included injections, TENS, and medication. There is no mention of acute muscle spasm in this three year old injury. The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Finally, there is no documentation of acute injury spasm. The request is not medically necessary and appropriately non-certified.