

Case Number:	CM15-0164646		
Date Assigned:	09/02/2015	Date of Injury:	07/29/2008
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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 is a 35 year old female, who sustained an industrial injury on 7-29-2008. She reported injuries to bilateral elbows, wrists and hands from repetitive use. Diagnoses include bilateral epicondylitis, de Quervain's tenosynovitis, and status post bilateral release. Treatments to date included activity modification, medication therapy, and physical therapy. Currently, she complained of severe right upper extremity pain. On 7-9-2015, the physical examination documented no acute physical findings. The plan of care included Cyclobenzaprine 7.5mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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 injury in July 2008 and continues to be treated for bilateral elbow, wrist, and hand pain with radiating symptoms into the arms. When seen, she was having tingling in the fingers and hand weakness. Pain was rated at 5-10/10. Physical examination findings included a normal gait. There was bilateral lateral epicondyle tenderness and decreased upper extremity strength. Cyclobenzaprine was prescribed. 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. It is a second-line option for the treatment of acute exacerbations in patients with muscle spasms and short-term use of only 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than 3 weeks of use. There was no acute exacerbation and the presence of muscle spasms is not documented. Prescribing cyclobenzaprine is not medically necessary.