MAXIMUS Federal Services

Case Number:	CM15-0192910		
Date Assigned:	10/07/2015	Date of Injury:	04/11/2007
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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: New Jersey
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 51 year old female who sustained an industrial injury on 04-11-2007. A review of the medical records indicated that the injured worker is undergoing treatment for carpal tunnel syndrome. The injured worker is status post bilateral total tunnel releases and ulnar nerve transpositions (no dates documented). According to the treating physician's progress report on 08-21-2015, the injured worker continues to experience upper extremity and wrist pain but "overall doing reasonably well with a small amount of medications". The injured worker reported increased muscle spasm in the biceps and upper extremity and requested medication for spasms to be restarted. There were no objective findings noted on 08-21-2015. The review noted that anti-spasmodic medications had not been listed since at least prior to 03-2015 progress notes. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program and medications. Current medications were listed as Hydrocodone-APAP 10mg-325mg, Gabapentin, Nabumetone, Ambien and Ketamine cream. Urine drug screening was reported as consistent with prescribed medications. The injured worker is Permanent & Stationary (P&S) and working with restrictions. Treatment plan consists of continuing with heat, ice, medications, home exercise program and the current request for Cyclobenzaprine 5mg #90. On 09-03-2015 the Utilization Review determined the request for Cyclobenzaprine 5mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having used Flexeril chronically leading up to the retro date included in this request (8/21/15). This medication is now and was then inappropriate to use on a regular daily basis as was the case when this medication refill was made on the provided date. There was no information provided in the records submitted to suggest this case was an exception to the general MTUS Guidelines for this medication class. Therefore, this request for cyclobenzaprine is not medically necessary at this time.