

Case Number:	CM15-0202017		
Date Assigned:	10/16/2015	Date of Injury:	12/24/2005
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old female who reported an industrial injury on 12-24-2005. Her diagnoses, and or impressions, were noted to include: left wrist pain following arthroscopy, status-post left wrist debridement; rule-out cervical radicular component-traumatic upper extremity compression neuropathy; status-post cervical 5-6 anterior fusion with junctional syndrome and bilateral upper extremity radiculopathy; and left shoulder impingement syndrome with joint pain. Recent magnetic imaging studies of the left wrist and cervical spine were said to have been done. Her treatments were noted to include: left wrist debridement; cervical epidural steroid injection - effective; medication management; and rest from work. The progress notes of 8-27-2015 reported: worsening left wrist pain, rated 7 out of 10, that was greater than her cervical pain, rated 6 out of 10, and upper extremity symptoms of > 10 years; and inquired about potential treatment options. The objective findings were noted to include: no acute distress; a healed left wrist incision with atrophy of the intrinsic muscles of the left hand, diminished sensation at the left median and ulnar distribution, and limited range-of-motion; and tenderness of the cervical and para-spinal musculature, painful range-of-motion and diminished sensation at the left cervical 6-7 dermatomes. The physician's requests for treatment were noted to include Cyclobenzaprine 7.5 mg, 3 x a day, #90, which had been efficacious for spasms of the intrinsic muscles of the hand-forearm and para-spinal muscles, causing decline in range-of-motion, activity and function. No Request for Authorization for Cyclobenzaprine 7.5 mg, #90 was noted in the medical records provided. The Utilization Review of 10-7-2015 non-certified the request for Cyclobenzaprine 7.5 mg, #90.

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 #90: Upheld

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

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

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.