

Case Number:	CM15-0203670		
Date Assigned:	10/20/2015	Date of Injury:	10/29/2014
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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 38 year old female, who sustained an industrial injury on 10-29-14. The injured worker was being treated for radial styloid tenosynovitis, disturbance of skin sensation, lateral epicondylitis of elbow and rule out complex regional pain syndrome of right upper extremity. On 9-11-15, the injured worker complains of pain in upper back, right shoulder, right arm, right elbow and right wrist with radiation to right leg; it is associated with tingling of right hand, numbness of right arm and weakness of right arm, right hand and right leg. She rates the pain 8-9 out of 10. She notes the pain is relieved with exercise, leaning forward, rest, medication and heat application. Work status is noted to be modified duties. Documentation does not include duration of pain relief, level of pain prior to medications or documentation of spasms. Physical exam performed on 9-11-15 revealed tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezius with restricted cervical range of motion, tenderness to palpation over the lateral epicondyle on right, tenderness to palpation over the radial and ulnar aspect of right wrist, diminished sensation of right C7-8 dermatomes of upper extremities; Urine toxicology screen performed on 9-11-15 was not consistent with medications prescribed. Treatment to date has included oral medications including Gabapentin 600mg, Cyclobenzaprine 7.5mg (since at least 7-10-15), Tramadol 50mg, Trazodone 50mg, Diclofenac XR 100mg (since at least 7-10-15), physical therapy and activity modifications. On 9-9-15 a request for authorization was submitted for MRI of right elbow and right, right elbow splint and thumb spika; Flexeril 7.5mg #60 and Diclofenac XR 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary last updated 07/15/2015.

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

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 muscle relaxants for months including the prior use of Robaxin along with NSAIDS. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.

Diclofenac XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain score reduction with use of medications was not provided. Continued use of Diclofenac is not medically necessary.