

Case Number:	CM15-0218881		
Date Assigned:	11/10/2015	Date of Injury:	07/29/2008
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/06/2015

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 07-29-2008. A review of the medical records indicates that the worker is undergoing treatment for lesion of the ulnar nerve, lateral epicondylitis, tendinitis of the elbow region and tendinitis of wrist. Treatment has included Cyclobenzaprine (since at least 06-11-2015), Diclofenac, and Tramadol, cortisone injections, physical therapy and surgery. On 07-14-2015 and 08-18-2015, the worker reported bilateral elbow, wrist and hand pain with radiation to the arms that was worsening. Pain was rated as 8 out of 10, 5 at best and 10 at worst. Medication was noted to relieve pain, however there was no documentation of pain ratings before and after the use of Cyclobenzaprine or the duration of pain relief. There was no documentation of objective functional improvement or improved quality of life with the use of Cyclobenzaprine. Objective findings on 07-14-2015 and 08-18-2015 showed motor strength of 4 out of 5 in the bilateral upper extremities and hand grip strength of 4 out of 5 bilaterally and tenderness to palpation over the lateral epicondyles. Subjective complaints (09-15-2015) included pain in the neck, shoulders and right arm that remained unchanged. Objective findings (09-15-2015) included tenderness to palpation over the lateral epicondyle of the bilateral elbows, pain with resisted wrist extension and tenderness to palpation over the base of the thumb at the carpometacarpal joint. A request for Cyclobenzaprine refill was submitted. A utilization review dated 10-07-2015 non-certified a request for Cyclobenzaprine 7.5 mg twice daily, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg twice daily, #60: Upheld

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

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

Decision rationale: The claimant sustained a work injury in July 2008 when she had bilateral upper extremity pain while sorting packages while working at UPS. She underwent bilateral DeQuervain releases in 2009. Diagnoses also include bilateral medial and lateral epicondylitis. Recent treatments include a right elbow injection without improvement and physical therapy with completion of seven treatments as of 09/17/15. Medications include cyclobenzaprine prescribed since at least June 2015. When seen in September 2015 her pain was unchanged. She was working 7 hours per day, 5 days per week. Physical examination findings included bilateral lateral elbow tenderness. There was pain with resisted wrist extension. There was first carpometacarpal joint tenderness bilaterally. Norco, diclofenac XR, Avalon patches, and cyclobenzaprine were 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. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. Continued prescribing is not medically necessary.