

Case Number:	CM15-0031651		
Date Assigned:	02/25/2015	Date of Injury:	12/30/2001
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 57 year old female with an industrial injury dated 12/30/2001. Her diagnoses include carpal tunnel syndrome and lateral epicondylitis. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, and medications. In a progress note dated 12/04/2014, the treating physician reports constant bilateral elbow pain (rated 7/10) that is aggravated by lifting, grasping, gripping, pushing and pulling, and constant bilateral wrist and hand pain (rated (7/10) that is aggravated with repetitive activities, gripping, grasping, pushing, pulling, and lifting. The objective examination revealed tenderness over the elbow about the lateral epicondyle, positive Cozen's sign, painful range of motion without restriction, full sensation in the ulnar digits, tenderness over the volar aspect of the wrist, positive palmar compression test with subsequent Phalen's maneuver, positive Tinel's sign over the carpal canal, painful range of motion without restrictions, and diminished sensation in the radial digits. The treating physician is requesting cyclobenzaprine which was modified by the utilization review. On 01/21/2015, Utilization Review modified a prescription for cyclobenzaprine 7.5mg #120 to the approval of cyclobenzaprine 7.5mg #60, noting that the medication is not recommended for use longer than 2-3 weeks. The MTUS Guidelines were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of cyclobenzaprine 7.5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cyclobenzaprine (Flexeril; 1/2) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Up to date "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." As such, the request for Cyclobenzaprine 7.5mg #120 is not medically necessary.