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| Case Number: | CM15-0039813 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 06/28/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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: 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:

The injured worker is a 30 year old female with an industrial injury dated June 28, 2013. The injured worker diagnoses include cervical radiculitis, cervical sprain/strain, thoracic musculoligamentous injury, thoracic sprain/strain, right elbow sprain/strain, right forearm pain, right wrist sprain/strain, right wrist tenosynovitis, right hand tenosynovitis. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, extracorporeal shockwave therapy, physical therapy, acupuncture, injections, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. According to the progress note dated 1/19/2015, the injured worker reported pain in the cervical spine, thoracic spine, right elbow, right forearm, right wrist and right hand. Objective findings revealed tenderness to palpitation with muscle spasm in the cervical paravertebral muscles. Cervical compression and Foraminal compression were noted to cause pain bilaterally. Thoracic spine exam revealed tenderness to palpitation with muscle spasm of the thoracic paravertebral muscles. Right elbow exam revealed tenderness to palpitation of the lateral elbow and medial elbow. Right forearm exam revealed tenderness to palpitation of the dorsal forearm and volar forearm with muscle spasm. Right wrist exam revealed tenderness to palpitation of the dorsal wrist and volar wrist with muscle spasm of the forearm. Phalen's and Finkelstein's were noted to cause pain on the right. The treating physician's treatment plan consists of continue usage of TENS unit, follow up with physician for pain medications, and to continue acupuncture therapy for right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 Percent Cream 110 Gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 5 Percent Cream 110 Gram is not medically necessary and appropriate.