MAXIMUS Federal Services

Case Number:	CM15-0040453		
Date Assigned:	03/10/2015	Date of Injury:	10/15/2014
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 36-year-old female with an industrial injury dated October 15, 2014. The injured worker diagnoses include bilateral carpal tunnel syndrome. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/19/2015, the injured worker reported headache, bilateral wrist, hand pain, loss of sleep, and increased stress due to pain and work pressure. The injured worker also reported right eye complaints. Objective findings revealed spasm and tenderness in bilateral wrist. Tinel's (carpal) test, Bracelet test, Phalen's test were positive bilaterally. Tinel's (Guyon) test was positive on the right. The treating physician's treatment plan consists of work conditioning/hardening program and prescribed medications. Electrodiagnostic studies dated 1/13/15, was consistent with bilateral carpal tunnel syndrome. On 2/3/15, Utilization Review non-certified the request for work conditioning/hardening and modified Cyclobenzaprine to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening 10 visits at 3 times weekly till 10 visits completed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 124-125.

Decision rationale: Per the MTUS guidelines, certain criteria must be prior to initiating work conditioning/hardening. One criteria is that the injured worker is not a candidate where surgery or other treatments would clearly be warranted to improve function. In this case, the appeal is submitted for work conditioning/hardening for a diagnosis of carpal tunnel syndrome. On the 1/19/15 report where these sessions were requested, the physician noted that the injured worker has undergone electrodiagnostic studies but the results are not known. The medical records submitted for review noted that electorodiagnostic studies on 1/13/15 documented bilateral carpal tunnel syndrome. As such, it is not clear whether the injured worker will be undergoing additional treatment. Additionally, the MTUS guidelines for work conditioning/hardening state that there must be a defined return to work goal agreed to by the employer & employee. The medical records do not establish a defined return to work goal agreed to by the employer & employee. The request for Work conditioning/hardening 10 visits at 3 times weekly until 10 visits completed is not medically necessary. The request for Work conditioning/hardening 10 visits at 3 times weekly until 10 visits completed is not medically necessary.

Cyclobenzaprine 10 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Cyclobenzaprine 10mg #20 is not medically necessary.