

Case Number:	CM15-0045978		
Date Assigned:	03/18/2015	Date of Injury:	11/06/2012
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/11/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 42 year old female, who sustained an industrial injury on 11/6/2012. The details regarding the initial injury were not submitted for this review. The diagnoses have included carpal tunnel syndrome, chronic pain syndrome, and adhesive capsulitis of the shoulder, ulnar neuropathy and epicondylitis. Treatment to date has included medication therapy, physical therapy, and home exercise. Currently, the Injured Worker complains of chronic pain in right arm, hand, and fingers associated with numbness and tingling rated 6/10 VAS with medications. The physical examination from 2/2/15 documented diminished sensation on right side C6-7 dermatome. There was decreased right shoulder and hand strength. The plan of care included continuation of a home exercise program with medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30 with 2 refills: Upheld

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

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

Decision rationale: The patient is a 42 year old female with an injury on 11/06/2012. She has decreased right shoulder and decreased hand strength. Cyclobenzaprine is a muscle relaxant. MTUS Chronic Pain guidelines do not recommended long-term treatment with muscle relaxants. Cyclobenzaprine decreases mental and physical abilities and do not provide additional pain relief for patient already treated with NSAIDS. Cyclobenzaprine for three more months is not medically necessary for this patient.