

Case Number:	CM15-0053754		
Date Assigned:	03/27/2015	Date of Injury:	11/28/2012
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

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: North Carolina

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 53 year old female, who sustained an industrial injury on November 28, 2012. She reported experiencing left wrist pain and right thumb swelling and pain while working as a computer specialist. The injured worker was diagnosed as having left de Quervain's tenosynovitis, left median neuropathy, possible left radial tunnel syndrome, and carpometacarpal (CMC) arthropathy of the right thumb. Treatment to date has included bracing, physical therapy, activity modification, TENS, home exercise program (HEP), cod/heat, and medication. Currently, the injured worker complains of 6/10 left dorsal forearm pain and 5/10 right wrist/hand pain. The Primary Treating Physician's report dated January 21, 2015, noted the injured worker reporting medication improved activity and function, with pain level markedly decreased, improved range of motion (ROM), greater tolerance to exercise, and activities of daily living (ADLs) maintained. Physical examination was noted to show tenderness of the left dorsal forearm, pain with wrist extension against resistance, diminished sensation of the left median nerve distribution, and positive Finkelstein's, Tinel's, and Phalen's tests on the left. The treatment plan included proceeding with additional physical therapy for the right wrist/hand, proceeding with psychologist sessions, and medications dispensed including Hydrocodone, Pantoprazole, and Cyclobenzaprine, and continuation of over-the-counter (OTC) Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified and is not medically necessary.