

Case Number:	CM15-0058754		
Date Assigned:	04/03/2015	Date of Injury:	11/02/2012
Decision Date:	08/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/27/2015

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 29 year old female, who sustained an industrial injury on 11/02/2012. She has reported injury to the left wrist. The diagnoses have included bilateral wrist sprain/strain; right carpal tunnel syndrome; status post right carpal tunnel release, on 07/22/2014; left carpal tunnel syndrome; and bilateral shoulder sprain/strain. Treatments have included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Norco, Celebrex, Aleve, and Cyclobenzaprine. A progress report from the treating physician, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of the left fourth and fifth digits continually go numb; a new sensation in that the left fifth digit locks up very painfully and ached for hours afterwards; she has been getting more frequent sharp and painful stabbing pains through the left wrist with range of motion and rotation; cramping pains from the left hand up to the left elbow; increasing difficulty sleeping due to left shoulder pain and spasms; she continues to use her TENS unit with benefit; continued muscle spasms bilaterally; the left wrist is getting more painful and more stiff, with tightness radiating from the left hand through the left wrist; she is continuing physical therapy for the left wrist, and this has not significantly alleviated her symptoms on the left hand/wrist; and she is taking Aleve or Cyclobenzaprine as needed. Objective findings included her right hand wound is healed without signs of infection; she has decreased sensation at the fingertips of the left hand; and she has a positive Phalen's and Tinel's test at the left wrist. The treatment plan has included the request for Flexeril (Cyclobenzaprine) tablets 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) tablets10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) 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) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines Up-to-date, 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 Flexeril (Cyclobenzaprine) tablets10mg #90 is not medically necessary.