MAXIMUS Federal Services

Case Number:	CM15-0080586		
Date Assigned:	04/29/2015	Date of Injury:	11/20/2002
Decision Date:	06/23/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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: Preventive Medicine, Occupational 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:

This 56-year-old female sustained an industrial injury to the right wrist on 11/2/02. Previous treatment included right carpal tunnel release, wrist splint, ganglion blocks, home exercise and medications. X-ray right wrist (11/21/14) revealed a minor degree of first carpometacarpal osteoarthrosis, otherwise unremarkable. In a PR-2 dated 2/4/15, the injured worker was noted to be on an Amrix wean with a prescription for Amrix 15mg daily. In a PR-2 dated 3/4/15, the injured worker complained of ongoing chronic right forearm and wrist pain with poor tolerance to repetitive activities and sleep impairment due to pain and tingling. The injured worker reported a new pain in the dorsum side to the old surgical area of the radial side of the right wrist with welling. The physician noted that the injured worker was stable under current management without much improvement. Current diagnoses included right carpal tunnel release, upper extremity tendonitis, upper extremity reflex dystrophy syndrome, right carpometacarpal mild osteoarthrosis, depression, insomnia, hypothyroidism, diabetes mellitus and hypertension. The treatment plan included continuing bilateral wrist splint, encouraging to keep environment warm, continuing home exercise, ice pack on wrist as needed and medications (topical compound cream, Morphine Sulfate IR, Nucynta ER, Motrin, Lyrica and Amitryptiline) and weaning Amrix to 15mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 41, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Amrix is an extended release form of cyclobenzaprine. The injured worker is using Amrix chronically for pain with no significant change in pain level or level of function. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Amrix 15 mg #20 is determined to not be medically necessary.