

Case Number:	CM15-0083657		
Date Assigned:	05/05/2015	Date of Injury:	04/15/2014
Decision Date:	06/04/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/01/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37-year-old female who sustained a repetitive industrial injury from scooping ice cream on 04/15/2014. The injured worker was diagnosed with bilateral median neuropathy (right greater than left); rule out right cubital tunnel syndrome, right shoulder acromioclavicular osteoarthropathy, subacromial bursitis and cervical myofascial pain. Treatment to date includes an Electromyography (EMG)/Nerve Conduction Velocity (NCV) on September 29, 2014, bilateral wrist splints, right carpal tunnel steroid injection, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on March 4, 2015, the injured worker continues to experience right shoulder and elbow pain, bilateral wrist/hand and cervical pain. The injured worker rates her right shoulder and wrist pain level at 6/10 and her right elbow, neck and left wrist/hand pain at 5/10. Examination of the right shoulder demonstrated tenderness at the acromioclavicular joint with positive impingement signs. The bilateral wrists noted positive Tinel's and Phalen's signs with diminished sensation at the median nerve distribution. The right elbow noted tenderness at the medial area with a moderately positive Tinel's sign at the cubital tunnel. The cervical spine demonstrated tenderness with limited range of motion secondary to pain with spasm of the right trapezius muscle. Current medications are listed as Tramadol ER, Naproxen, Pantoprazole and Cyclobenzaprine. Treatment plan consists of repeating Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the upper extremities, neurological consultation, a magnetic resonance imaging (MRI) of the right shoulder, transcutaneous electrical nerve stimulation (TEN's) unit and the current request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-78.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend it to be used form more than 2-3 weeks. The patient in this case used Cyclobenzaprine for a long time with no clear documentation of functional improvement. Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.