

Case Number:	CM15-0089489		
Date Assigned:	05/13/2015	Date of Injury:	08/09/2010
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/09/2015

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
 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 40 year old female, who sustained an industrial injury on 8/9/2010. She reported pain in her bilateral elbows and wrists. Diagnoses have included cervical spine sprain/strain, bilateral elbow sprain/strain, bilateral elbow lateral epicondylitis, bilateral elbow medial epicondylitis, bilateral wrist sprain/strain and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, cervical spine surgery and medication. According to the orthopedic progress report dated 3/5/2015, the injured worker complained of bilateral elbow pain rated 8/10 on the left and 7/10 on the right. She complained of bilateral wrist pain associated with weakness, numbness, burning and decreased range of motion. Wrist pain was rated 8/10. She reported difficulty sleeping due to pain. Exam of the elbows and forearms revealed tenderness. Exam of the wrists revealed tenderness. Tinel's sign was positive bilaterally, Phalen's sign was positive on the left and Finkelstein's sign was positive bilaterally. The treatment plan was for left wrist carpal tunnel release, right elbow injection and electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral upper extremities. Per the primary treating physician's progress report dated 3/5/2015, the injured worker complained of pain in the neck, bilateral shoulders and bilateral elbows. She complained of pain and numbness in the bilateral wrists. Authorization was requested 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272, Chronic Pain Treatment Guidelines Opioids, Muscle relaxants Page(s): 78, 92, 1, 64.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was a request for cyclobenzaprine to help treat the reported chronic pain. However, the request was for 7.5 mg #90, which is suggestive of not just for temporary short term use, but for longer-term chronic use, which is not recommended for this drug class and diagnoses listed in the notes. Therefore, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.