

Case Number:	CM14-0216180		
Date Assigned:	01/06/2015	Date of Injury:	07/25/2005
Decision Date:	02/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/24/2014

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: Arizona, California
 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 67 year old female who suffered an unknown work related injury on 08/16/12 and has not worked since. Per the physician notes from 12/03/14 she is status post left thumb surgery 06/14, still complains of left and right thumb pain at 5/10 and continues to have markedly limited activity/function of the left hand/thumb. Examination showed tenderness of the left and right thumb. Spasms of the intrinsic muscles of the hand were noted to be decreased on the day of exam. Diagnoses include status post right carpal /metacarpal arthroplasty revision, status post left carpal /metacarpal arthroplasty 06/23/14, and extensor carpi ulnaris tenosynovitis right knee. Treatment regimen included additional physical therapy to include functional restoration program, condition, and work hardening and anticipation of transition to home exercise program. A panel QME was scheduled for 12/10/14. Medication regimen included tramadol, naproxen, pantoprazole, hydrocodone, and cyclobenzaprine. The QME on 03/16/14 recommended moist heat application with over the counter anti-inflammatory and analgesic medications for pain relief. The physician on 12/03/14 noted the injured worker's spasms were refractory to moist heat, stretching, exercise, ETNS, cold, activity modification with resultant decrease in activity as well as range of motion. The Claims Administrator denied the Cyclobenzaprine on 12/17/14 and this decision was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, QTY: 90 (DOS: 11/05/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 53-64.

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

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with opioids. Long term use is not medically necessary.