

<b>Case Number:</b>	CM14-0218158		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/22/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: 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:

This 59 year old female sustained a work related injury on 12/22/2012. The injury occurred when she tripped on a new carpet and fell down. Her right wrist was under the table. She underwent external fixation under anesthesia. According to the oldest progress note dated 07/08/2014 that was submitted for review, the injured worker was taking cyclobenzaprine at that time. According to a progress report dated 11/05/2014, the injured worker reported pain in the left wrist with radiation to the upper extremity and left shoulder, limited range of motion in the upper extremity, swelling of the left wrist, right knee injury since the time of fall and low back pain. Pain was rated a 5 on a scale of 0-10. Pain was described as sharp-shooting and was aggravated by repetitive movement. Pain was noted to be mildly alleviated by meds and stretching. Pain impaired her ability to perform household chores. Current medications included Cyclobenzaprine, Fenoprofen, Omeprazole, Ketoprofen and Calcium. Assessments included reflex sympathetic dystrophy of upper limb. On 12/03/2014, Utilization Review non-certified Cyclobenzaprine 7.5mg x90 refills (0) and Fenoprofen capsule 400mg x 120 refills (0) that were requested on 11/24/2014. According to the Utilization Review physician, there was no clear rationale to support the medical necessity for a muscle relaxant or chronic use of an NSAID.

### 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 Muscle relaxants Page(s): 63.

**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 evidence of chronic use of cyclobenzaprine, which is not an appropriate use of this type of medication. The current request for 90 additional pills of cyclobenzaprine suggests the provider intended for this to be used chronically moving forward, which is not medically necessary.

**Fenoprofen capsule 400mg, #120, refills: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fenoprofen Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding.