

<b>Case Number:</b>	CM15-0011051		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Texas, Illinois

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:

The injured worker is a 48 year old female, who sustained an industrial injury on 9/21/2011. The diagnoses have included status post right common extensor tendon repair, multilevel cervical disc protrusion from C4-C7, cervical myofascial spasms, cervical radiculopathy, status post cubital tunnel syndrome and ulnar nerve transposition and carpal tunnel syndrome. Treatment to date has included physical therapy, medications, modified activity and surgical intervention. Currently, the Injured worker complains of neck and arm pain. She is status post right common extensor tendon repair (no date has been provided). She continues to experience pain in her neck that will radiate down the right arm with profound numbness and tingling in both the right as well as left hand. She reports grip weakness bilaterally. She experiences symptoms daily and they interfere with activities of daily living. Objective findings included palpable myofascial spasms in the cervical region with limited rotation bilaterally. On 12/24/2014, Utilization Review modified a request for Cyclobenzaprine #30 and Meloxicam 15mg #30 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/20/2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine #30 and Meloxicam 15mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 5MG #30 (1) refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**Decision rationale:** The injured worker sustained a work related injury on 9/21/2011. The medical records provided indicate the diagnosis of status post right common extensor tendon repair, multilevel cervical disc protrusion from C4-C7, cervical myofascial spasms, cervical radiculopathy, status post cubital tunnel syndrome and ulnar nerve transposition and carpal tunnel syndrome. Treatment to date has included physical therapy, medications, modified activity and surgical intervention. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine HCL 5MG #30 (1) refill. The MTUS does not recommend the use of cyclobenzaprine (Flexeril) for longer than 2-3 weeks. The optimal effect is within 4 days, but the records indicate the injured worker has been using this medication as far back as 2012.

**Meloxicam 15mg # 30 (1) refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** The injured worker sustained a work related injury on 9/21/2011. The medical records provided indicate the diagnosis of status post right common extensor tendon repair, multilevel cervical disc protrusion from C4-C7, cervical myofascial spasms, cervical radiculopathy, status post cubital tunnel syndrome and ulnar nerve transposition and carpal tunnel syndrome. Treatment to date has included physical therapy, medications, modified activity and surgical intervention. The medical records provided for review do not indicate a medical necessity for Meloxicam 15mg # 30 (1) refill. The MTUS recommends against long term use of NSAIDs due to side effects. The injured worker has been using NSAIDS for at least 2012, though a document stated she was on Ibuprofen in 2007. Also, the MTUS recommends monitoring for Complete blood count and Liver function tests from the first one month of starting NSAIDs.