MAXIMUS Federal Services

Case Number:	CM15-0014356		
Date Assigned:	02/02/2015	Date of Injury:	11/21/2012
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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, Michigan, 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:

This 53 year old man sustained an industrial injury on 11/21/2012 to his right wrist when he felt a sudden pull/pain on his right wrist as he was shoveling some soil from a burrow. Current diagnoses include right wrist fracture with hardware removal, right wrist open reductuion and fixation, De Quervan's tenosynovitis, and posttraumatic Dupuytren contracture. Treatment has included oral medication, physical therapy, home excerecise program, TENS, and surgical intervention. Physician noted dated 12/4/2014 show right wrist pain rated 6/10. It is noted that the worker is able to complete activities of daily living with the current medication regimen. Tramadol has resulted in an average of 4-5 point pain rating decrease, NSAID has shown a 2-3 point pain rating decrease, and spasms have remained refractory to stretching, heat, cold, activity modidifcation, physical therapy, and home excercise. The woker then claims to have a 3-4 point pain rating decrease with the Cyclobenzaprine. Recommendations include surgical intervention, dispensed ondasetron, continue TENS, and refill medications. On 1/15/2015, Utilization Review evaluated a prescription for Cycliobenzaprine 7.5 mg #90 that was submitted on 1/20/2015. The UR physician noted that the areas of spasm are not identified. Further, the effects of the Cyclobezaprine are best in the first four days of treatment, noting that the course of treatment should be brief. MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to 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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 41-42, 63-66.

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 andpain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified, therefore, the request for Cyclobenzaprine hydrochloride tablets 7.5mg #90 is not medically necessary.