

Case Number:	CM15-0114267		
Date Assigned:	06/22/2015	Date of Injury:	03/01/2013
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: North Carolina, Georgia
 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 57 year old female who sustained an industrial injury on 03/01/2013. There was no mechanism of injury documented. The injured worker was diagnosed with cervicgia and carpal tunnel syndrome. No surgical interventions have been undertaken. Treatment to date has included diagnostic testing with recent cervical magnetic resonance imaging (MRI) in November 2014 and Electromyography (EMG) /Nerve Conduction Velocity (NCV) in December 2014, conservative measures, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on April 24, 2015, the injured worker continues to experience neck and upper extremity pain. The injured worker rates her pain level at 5/10 using medications intermittently. Examination demonstrated bilateral positive Tinel's sign over the median nerves at the wrist and ulnar nerve at the right elbow. Motor strength, tone and reflexes were intact. The injured worker is Permanent & Stationary and currently not working. Current medications are listed as Tramadol/APAP, Nabumetone and Cyclobenzaprine. Treatment plan consists of a surgical hand specialist consultation and the current request for renewal of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.