

Case Number:	CM15-0063214		
Date Assigned:	04/09/2015	Date of Injury:	12/04/2012
Decision Date:	05/18/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

Certification(s)/Specialty: Emergency 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 42 year old female, who sustained an industrial injury on 12/04/2012. The initial complaints or symptoms included psychological symptoms of depression, anxiety and insomnia as a result of cumulative trauma. There were other noted complaints that included pain to the neck, right shoulder, right arm and bilateral hands as a result of a previous work related injury dated (2010). The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, right wrist arthroscopic surgery, and conservative therapies. Per the most recent physical examination dated 10/09/2014 (as the current request for authorization and current physical exams were not submitted), the injured worker presented for a post-operative follow-up with no physical complaints. The diagnoses include status post right wrist scapholunate ligament and TFCC (Triangular fibrocartilage complex) reconstruction. The treatment plan consisted of cyclobenzaprine. Documentation has noted that patient has been on various muscle relaxants in the past including Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on muscle relaxants intermittently. There is no recent progress note. There is no recent physical exam. There is no documentation of what is being treated and what medications patient is currently on. The lack of documentation does not allow for safe or appropriate medical review. Cyclobenzaprine is not medically necessary.