

<b>Case Number:</b>	CM15-0099649		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Alabama, 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:

The injured worker is a 48 year old female who sustained an industrial injury on 5/26/11 resulting in neck and bilateral upper limb pain. She complained of bilateral arm, wrist pain, neck and shoulder pain from crimping wire with her bare hands. She currently complains of severe pain and swelling in her hands. Medications are baclofen, cyclobenzaprine, ibuprofen, omeprazole, Pennsaid, Voltaren gel. Diagnoses include psychophysiological disorder; bilateral carpal tunnel syndrome; gastritis; depression. Treatments to date include sessions with pain psychologist which she finds helpful; medications; rest; occupational therapy; wrist splints; right wrist cortisone injection (2014). Diagnostics include nerve conduction study from 8/8/13 that was normal. In the progress note dated 5/1/15 the treating provider's plan of care includes cyclobenzaprine 5 mg #30 and ibuprofen 200 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg quantity 60:** Upheld

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

**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 and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for 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 5mg quantity 60 is not medically necessary.

**Ibuprofen 200mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Selective NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Non-Selective NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 200mg quantity 30 is not medically necessary.