

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the cyclobenzaprine 7.5mg 1tab po bid #60 requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/18/2013 disputing the Utilization Review Denial dated 4/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the cyclobenzaprine 7.5mg 1tab po bid #60 requested **is medically necessary and appropriate.**

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 9, 2013

“Employee is a 53-year-old male who slipped at work and fell onto his left elbow. The employee most recently (3/29/13) presented with constant pain in the left elbow and arm and frequent numbness of the left arm/forearm. Physical examination revealed palpable tenderness noted to the medial epicondyle on the left. Sensation to fine touch and pinprick was decreased in the medial aspect of the left forearm and about the left biceps. Grip strength was decreased in the left hand at -4/5. The proximal muscle of the upper extremities were -5/5. Current diagnoses include status post surgery for fracture of left olecranon process/head of radial head, with residual pain, numbness, and weakness of left arm. Treatment to date includes medication, mobilization, and activity modification. Treatment requested is cyclobenzaprine 7 .5mg 1 tab po bid #60.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review by [REDACTED] (dated 4/9/13)
- Employee’s Medical Records by [REDACTED] (dated 1/10/13 thru 5/10/13)
- Employee’s Medical Records by [REDACTED], M.D., QME (dated 3/29/13 thru 4/19/13)
- Medical Treatment Utilization Schedule (MTUS) Guidelines – Chronic Pain, Muscle Relaxants (for pain) pg 63

1) **Regarding the request for cyclobenzaprine 7.5mg 1 tab po bid #60:**

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Utilization Schedule (MTUS) Guidelines, Muscle Relaxants Section, page 63. The provider did not dispute the guidelines used by the Claims Administrator. The MTUS Post Surgical Guidelines do not address elbow fractures and therefore are not applicable in this case. The employee is beyond the three to four month post-surgery window and his condition is considered chronic, therefore the Chronic Pain MTUS Guidelines are applicable. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee is a 53-year-old male who injured his left elbow after a slip and fall accident. He initially was treated in emergency, on 1/10/2013, for left elbow pain and inability to move his left arm. X-rays taken at ER revealed a closed fracture of the ulna. A long splint and sling was placed on his left elbow, pain medications were prescribed, and a referral to an orthopedic surgeon was given. The employee was placed on a modified work schedule. On 1/22/2013 the employee underwent surgery on the left elbow, with an open reduction internal fixation of the left olecranon and closed treatment of left radial head being performed by an orthopedic surgeon. The employee was prescribed 12 physical therapy visits, post-surgery, at once per week for 12 weeks. According to the most recent progress report, dated 5/10/2013, three therapy visits had been completed. The employee continued to express constant pain in the left elbow with the pain level at 7/10 and range of motion reduced.

The California Chronic Pain Medical Treatment Utilization Schedule (MTUS) Guidelines, Muscle Relaxants Section, page 63, do not support the use of muscle relaxants as the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine is a central muscle relaxant and would not be useful to control pain following an orthopedic procedure correcting fractures at the elbow. The cyclobenzaprine, 7.5mg 1tab po bid # 60 requested, is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.