

Case Number:	CM14-0014785		
Date Assigned:	02/28/2014	Date of Injury:	11/26/2012
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 38-year-old male with a 11/26/12 date of injury. The mechanism of injury was not noted. In a 1/28/14 progress note, the patient complained of intermittent moderate left wrist pain and stiffness. Objective findings: painful range of motion of left wrist, +3 tenderness to palpation of the volar wrist and thenar, Tinel's causes radiating pain, Finkelstein's causes radiating pain. Diagnostic impression: left wrist sprain/strain, left wrist cyst, lumbar muscle spasm, lumbar degenerative disc disease, rule out carpal tunnel syndrome. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 2/5/14 denied the request for Tramadol and Cyclobenzaprine. The rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, urinary drug screens from 12/14/13 and 2/4/14 were inconsistent and were negative for tramadol. The guidelines do not support ongoing opioid management in the setting of aberrant behavior and without evidence of functional improvement. Therefore, the request for Tramadol 50 mg #60 was not medically necessary.

CYCLOBENZAPRINE 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. There is no documentation of an acute exacerbation of the patient's chronic pain to support the short-term use of cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Cyclobenzaprine 10 mg #60 was not medically necessary.