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| Case Number: | CM14-0172518 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 07/31/2012 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 66-year-old woman who sustained a work-related injury on July 31, 2012. Subsequently, she developed chronic hand and wrist pain. According to report dated June 3, 2014, the patient complained of pain in bilateral wrist, hand, upper extremities and upper, mid and lower back. The pain radiates from neck to shoulders and then to arms. The patient rated her pain as an 8/10. Associated symptoms include numbness and tingling in hands, weakness of hands with dropping objects, swelling and fatigue. It has been noted that the patient had responded slowly, but favorably to acupuncture and the goal was to extend acupuncture in order to reduce opioid use. The patient was diagnosed with carpal tunnel syndrome, tenosynovitis of hand and wrist NEC, and adjustment disorder with depressed mood. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
Page(s): 30.

Decision rationale: According to MTUS guidelines, Lyrica is anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 150mg, #60 is not medically necessary.

Tizanidine Hcl 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, an non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with naproxen and Tizanidine since September 2013, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine Hcl 4mg is not medically necessary.

Quazepam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Insomnia Treatments

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. Therefore, the use of 30 Quazepam 15mg is not medically necessary.