

Case Number:	CM15-0101971		
Date Assigned:	06/04/2015	Date of Injury:	12/17/2013
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old male patient, who sustained an industrial injury on 12/17/2013. Diagnoses have included trigger finger (acquired), status post left hand middle finger release (10/24/2014), lateral elbow epicondylitis and shoulder sprain/strain. Per the doctor's note dated 6/10/2015, he had complaints of left hand pain, improved left elbow and upper back pain, left upper extremity tingling and numbness and depression/anxiety. The physical examination revealed left hand 3rd digit contracture and tenderness to palpation over palm surgical scar and affect mood flat. According to the progress report dated 4/27/2015, he had complaints of left hand pain and increasing left elbow and upper back pain. It was noted that Cyclobenzaprine was helpful for pain, Lunesta was beneficial for sleep disturbance secondary to pain and that transcutaneous electrical nerve stimulation (TENS) was beneficial for pain relief. The medications list includes lunesta, norco, naprosyn and cyclobenzaprine. Treatment to date has included surgery, physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS) and medication. Authorization was requested for Cyclobenzaprine, Eszopiclone and transcutaneous electrical nerve stimulation (TENS) patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid?, generic available), page 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use" Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease". According to the records provided patient had had left hand pain and increasing left elbow and upper back pain with history of left hand middle finger surgery. He has had significant findings on physical examination- left hand 3rd digit contracture and tenderness to palpation over palm surgical scar. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 7.5mg, QTY: 60 is medically appropriate and necessary to use as prn during acute exacerbations.

Eszopiclone 1mg, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Insomnia treatment.

Decision rationale: CA MTUS does not address this request. Eszopiclone (Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative-hypnotics) FDA approved for use of treatment of insomnia. It is a controlled substance. Per the ODG guideline regarding insomnia treatment "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning". Any trial of other measures for treatment of the patient's insomnia symptoms, like the use of tricyclic antidepressants, prior to the use of Lunesta is not specified in the records provided. A detailed evaluation for psychiatric or medical illness that may be causing the insomnia is not specified in the records provided. The medical necessity of Eszopiclone 1mg, QTY: 30 is not medically necessary or fully established in this patient.

TENS patch (pair), QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 114-116.

Decision rationale: Patient was using TENS for this injury. Response to TENS unit in terms of functional improvement and decreased need for medications is not specified in the records provided. According to the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness".

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)". Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS is not established for this patient. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit including the TENS patches is also not fully established in this patient. The medical necessity of TENS patch (pair), QTY: 2 is not medically necessary or established for this patient.