

<b>Case Number:</b>	CM15-0106437		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female, who sustained an industrial injury on 10/23/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having hand surgery, right wrist sprain- rule out ganglion cyst, right de Quervain's tenosynovitis and depression. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/29/2015, the injured worker complains of right thumb pain rated 5/10 and right wrist pain rated 7/10. Physical examination showed surgical scar tenderness and wrist tenderness. The treating physician is requesting retrospective prescriptions dated 4/29/2015 for Cyclobenzaprine 7.5 mg #60, Lidopro 121 gm, TENS (transcutaneous electrical nerve stimulation) unit and Effexor ER/Venlafaxine 75 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cyclobenzaprine 7.5mg #60, DOS: 4/29/15: Upheld**

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

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

**Decision rationale:** Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records does not reveal any documentation of current muscle spasms that would warrant deviating from the guidelines, therefore the request for Retro Cyclobenzaprine 7.5mg #60, DOS: 4/29/15 is not medically necessary.

**Retro LidoPro 121gm, DOS: 4/29/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. Gels, creams or lotions are not indicated for neuropathic pain and lidocaine is not recommended for non neuropathic pain. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there does not appear to be any reason to deviate from the guidelines therefore the request for Lidopro cream #121 gm is not medically necessary.

**Retro TENS unit, DOS: 4/29/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Per the MTUS, transcutaneous electrotherapy 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. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be

documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records revealed that TENS trial did not work in the injured worker and therefore this does not appear to be an appropriate treatment modality in the injured worker, therefore the request for Retro TENS unit, DOS: 4/29/15 is not medically necessary.

**Retro Effexor ER/Venlafaxine 75mg #30, DOS: 4/29/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16.

**Decision rationale:** Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain. Venlafaxine (Effexor) is FDA approved for anxiety, depression, panic disorder, and social phobias. Off label use for fibromyalgia, neuropathic pain and diabetic neuropathy. A review of the injured workers medical records reveal that she is being prescribed venlafaxine for treatment of depression with documentation of improvement in mood with venlafaxine, therefore the continued use of venlafaxine is medically necessary.