

Case Number:	CM15-0162258		
Date Assigned:	08/28/2015	Date of Injury:	01/07/2010
Decision Date:	10/21/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 53 year old female who sustained an industrial injury on 01-07-2010. She reported intense pain in both wrists with paresthesia, dropping things, weakness and inability to carry things for work. She also reported redness and swelling of the wrist. Her neck was also painful with shooting pain down her arms. Treatment to date has included medications, chiropractic care, TENS unit, massage therapy and cortisone injection to both wrists. According to a report dated 07-07-2015, the injured worker had been taken off work as of 06-01-2015. She had constant pain along the right wrist marked as a 7 on a scale of 0-10 with numbness and tingling along the right wrist. Swelling was noted, improved with medication and worsened with activities. She reported constant pain along the left wrist with numbness and tingling that was improved with medication and worsened with activities. She had an element of depression, sexual dysfunction, loss of concentration and gastrointestinal irritation. She took naps during the day. She had not had any antidepressants for cognitive therapy nor the referral to psychiatry. She stopped doing any sweeping, mopping, vacuuming, washing the car, cleaning the bathroom, doing the laundry or whatsoever. She washed dishes for 5 or 10 minutes. She never pushed or pulled the cart at the grocery store. She did not lift grocery bags into the car. Lifting prior to the injury was maybe 50 pounds and now was limited to 5 pounds. She had difficulty with repetitive activities. The TENS unit had been helping her at home. Diagnoses included discogenic neck condition with facet inflammation with associated headaches and shoulder girdle involvement despite therapy, epicondylitis medially more than laterally bilaterally, carpal tunnel syndrome on the left, wrist joint inflammation on the right and radioulnar joint inflammation on the left, anxiety, depression, sleep disorder, gastrointestinal irritation and stress. The treatment plan included Cymbalta, soft braces x 2, wrist braces x 2, neck pillow, neck traction with air bladder,

conductive garment, Naproxen, Trazodone, Protonix, Neurontin and an injection of Depo-Medrol to the right wrist. The provider noted that authorization was being requested for injection to the carpal tunnel on the left, fluoroscopy of the left wrist and x-ray of the left elbow, cervical spine and left wrist, nerve studies, Cymbalta, Naproxen, Trazodone, Effexor XR, Protonix, Lunesta, Norflex, Neurontin, psychiatry referral, 10 panel urine screen and Psychiatry consultation. The injured worker had limitations of repetitive motion of the wrist; gripping, grasping and torqueing; pushing, pulling and lifting over a few pounds; reaching overhead; keeping her neck still and forceful activities. Currently under review is the request for Trazodone 50 mg (for 08-07-2015 visit) #60, right wrist injection Lido-Marcaine-Depo Medrol and Flexeril 7.5 mg (for 08/07/2015 visit) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg for 08/07/2015 visit, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Trazodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter-Trazodone.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the California MTUS Guidelines, anti-depressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Guidelines state that assessment of treatment efficacy should include not only pain outcome, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. Official Disability Guidelines state that Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In this case, the injured worker was diagnosed with anxiety, depression and sleep disorder. According to a progress report dated 07-07-2015, the injured worker had been approved for Trazodone (on June 16th) and was receiving the medication during the 07/07/2015 visit. She was scheduled to return in four weeks for a follow up. Currently under review is the request for Trazodone for 08-07-2015 (four weeks later). Documentation will need to show objective evidence of functional improvement with the use of Trazodone that was given on 07-07-2015 before medical necessity can be determined for 08-07-2015. At present there is a lack of sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with the use of Trazodone. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Right wrist injection, Lido/Marcaine/Depo-Medrol: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Forearm and wrist: injection.

Decision rationale: Invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use, According to the above referenced guideline, injections are "Recommended for Trigger finger and for de Quervain's tenosynovitis." The IW does not have a either of these diagnosis. The guidelines do not support the use of injections for the treatment of carpal tunnel syndrome. Without the support of the guidelines or a recommended diagnosis, the request is not medically necessary.

Flexeril 7.5mg for 08/07/2015 visit, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. Per MTUS guidelines, Cyclobenzaprine is not recommended to be used longer than 2-3 weeks. In this case, documentation shows long term use of Flexeril which is not recommended by guidelines. According to a progress report dated 07-07-2015, there were no reports of muscle spasm or documentation of muscle spasms upon examination. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.