

Case Number:	CM15-0181292		
Date Assigned:	09/22/2015	Date of Injury:	10/13/2013
Decision Date:	11/24/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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: California

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 63 year old male, who sustained an industrial injury on 10-13-13. He reported left hand and right shoulder pain. The injured worker was diagnosed as having enthesopathy of the elbow region, lesion of ulnar nerve, carpal tunnel syndrome, medial epicondylitis of the elbow, and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included at least 32 physical therapy sessions, TENS, carpal tunnel release on 10-28-14, chiropractic treatment, and medication including Naproxen, Cymbalta, Tylenol with Codeine, and topical creams. Physical examination findings on 7-30-15 included left medial epicondyle tenderness to palpation and left elbow decreased sensation. The injured worker was also noted to appear anxious. The injured worker had been taking Tylenol with Codeine and Diazepam since at least December 2014. The injured worker had been taking Naproxen and Cymbalta since at least July 2015. On 6-8-15, pain was rated as 9 of 10 and on 7-30-15 pain was rated as 8 of 10. On 7-30-15, the injured worker complained of left hand and finger pain. Anxiety was also noted. The treating physician requested authorization for Cyclobenzaprine 5mg #30, Naproxen Sodium 550mg #60, Tylenol with Codeine 300-30mg #30, Diazepam 5mg #30, and Cymbalta 30mg. On 8-17-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30 tablets: 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).

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Cyclobenzaprine 5mg #30 tablets are not medically necessary.

Naproxen Sodium 550mg #60 tablets: 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): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Naproxen Sodium 550mg #60 tablets are not medically necessary.

Tylenol w/codeine 300mg-30mg #30 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that codeine is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. Patient reported heart palpitations as a result of this medication. Tylenol w/codeine 300mg-30mg #30 tablets is not medically necessary.

Diazepam 5mg #30 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Diazepam 5mg #30 tablets is not medically necessary.

Cymbalta 30mg # tablets NR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The patient's diagnosis of depression is well documented in the medical record and is apparently an accepted part of the claim. I am reversing the previous utilization review decision. Cymbalta 30mg # tablets NR is medically necessary.