

Case Number:	CM15-0204465		
Date Assigned:	10/22/2015	Date of Injury:	02/20/2013
Decision Date:	12/28/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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 59 year old female, who sustained an industrial injury on 2-20-13. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker was in the office for a follow-up visit. The injured worker complains of chronic right upper extremity and hand pain. She reports no changes to her pain complaints and continues with persistent right arm and right hand pain that is worse with gripping, grasping and repetitive use of the right upper extremity. Pain is slightly better with rest and medication. She reports finishing physical therapy and found this somewhat beneficial and gone through a functional restoration program with benefit. She has not trialed any acupuncture but is interested in this treatment. The provider is requesting a trail of acupuncture treatments for the right upper extremity and medication refills. He notes that he will discontinue Norflex and provider her with Flexeril to be used for only as needed acute muscle spasms. These same medications are listed as far back as PR-2 note 3-20-15 a prescribed to this injured worker. A Request for Authorization is dated 10- 2-15. A Utilization Review letter is dated 9-22-15 and non-certification for Cyclobenzaprine- Flexeril 7.5mg #90 (retrospective date of service 9-4-15); Ketamine 5% 60 gms x 2; Orphenadrine ER 100mg #30 and Lidocaine 5% patch 700 mg/patch #60. A request for authorization has been received for Cyclobenzaprine-Flexeril 7.5mg #90 (retrospective date of service 9-4-15); Ketamine 5% 60 gms x 2; Orphenadrine ER 100mg #30 and Lidocaine 5% patch 700 mg/patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #90 (retrospective dos:09/04/2015): Upheld

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

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Cyclobenzaprine-Flexeril 7.5mg #90 (retrospective dos: 09/04/2015) is not medically necessary.

Ketamine 5% 60 gms x 2: 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): Ketamine.

Decision rationale: The MTUS states that ketamine is not recommended and that there is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Therefore, this request is not medically reasonable at this time. Ketamine 5% 60 gms x 2 is not medically necessary.

Orphenadrine ER 100mg #30: Upheld

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

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Additionally, this patient was also prescribed Cyclobenzaprine. It is unclear why the patient would need two muscle relaxers concurrently. Orphenadrine ER 100mg #30 is not medically necessary.

Lidocaine 5% patch 700 mg/patch #60: 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): Topical Analgesics.

Decision rationale: The MTUS recommends Lidocaine patches only for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Lidocaine 5% patch 700 mg/patch #60 is not medically necessary.