

Case Number:	CM15-0029093		
Date Assigned:	02/23/2015	Date of Injury:	10/10/2011
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, elbow pain, wrist pain, and hand pain with derivative complaints of insomnia reportedly associated with an industrial injury of October 10, 2011. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve requests for cyclobenzaprine and Klonopin. The claims administrator referenced an RFA form of January 15, 2015 in its determination. The applicant's attorney subsequently appealed. On said January 15, 2015 progress note, the applicant reported ongoing complaints of right upper extremity pain, 7/10, with radiation of pain to the right shoulder, right elbow, and right hand. The applicant's pain complaints are burning and aching. The applicant was Ambien, Flexeril, Neurontin, Norco, Protonix, Klonopin, Lexapro, and naproxen, it was acknowledged. The applicant was given a primary operating diagnosis of complex regional pain syndrome (CRPS). The applicant was asked to pursue stellate ganglion blocks. The applicant was placed off of work, on total temporary disability, until the next visit. Multiple medications were seemingly renewed, including the agents at issue. The applicant's quality of sleep was reportedly poor, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg tablets quantity: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 41, 64.

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

Decision rationale: No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Klonopin, Lexapro, Ambien, Neurontin, Norco, naproxen, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue suggests chronic, long-term, and/or daily usage, i.e., usage in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Klonopin 0.5mg tablets quantity: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Klonopin, an anxiolytic agent, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for brief periods, in cases of overwhelming symptoms, in this case, however, it appears, based on the January 15, 2015 progress note at issue, that the applicant was/is intent on employing Klonopin for chronic, long-term, and/or daily usage, for anxiolytic and/or sedative effect. No clear or compelling case was furnished for the same in the face of the unfavorable ACOEM position on such usage. The attending provider did not, furthermore, furnish a clear or compelling rationale for provision of two separate sedative/anxiolytic agents, Klonopin and Ambien. Therefore, the request was not medically necessary.