

Case Number:	CM14-0162355		
Date Assigned:	10/07/2014	Date of Injury:	09/17/2011
Decision Date:	10/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old female with a 9/17/11 date of injury. At the time (7/11/14) of request for authorization for Voltaren XR 100mg #30 with 3 refills, Cyclobenzaprine 10mg #90 with 3 refills, and Nortriptyline HCL 25mg #30 with 2 refills, there is documentation of subjective (ankle/feet pain and numbness over left shin as well as dorsum of the foot) and objective (tenderness over the dorsal foot and 3+ to light touch over lateral malleolus as well as shin). The current diagnoses include reflex sympathetic dystrophy of lower limb and insomnia. The treatment to date includes medications including ongoing treatment with Nortriptyline, Omeprazole, Voltaren, Sonata, and Cyclobenzaprine since at least 5/9/14. The medical report identifies that patient has stable functionality with the use of medications. Regarding Cyclobenzaprine, there is no documentation of acute exacerbations of chronic low back pain; and the intention for short-term (less than two weeks) treatment. Regarding Nortriptyline, there is no documentation of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of lower limb and insomnia. In addition, there is documentation of ongoing treatment with Voltaren for pain. Furthermore, given documentation that patient has stable functionality with the use of medications; there is documentation of functional benefit and an increase in activity tolerance as a result of Voltaren use to date. Therefore, based on guidelines and a review of the evidence, the request for Voltaren XR 100mg #30 with 3 refills is medically necessary.

Cyclobenzaprine 10mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of lower limb and insomnia. In addition, there is documentation of ongoing treatment with Cyclobenzaprine. Furthermore, given documentation that patient has stable functionality with the use of medications; there is documentation of functional benefit and an increase in activity tolerance as a result of Cyclobenzaprine use to date. However, there is no documentation of acute muscle spasm or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 5/9/14, there is no documentation of the intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10mg #90 with 3 refills is not medically necessary.

Nortriptyline HCL 25mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies tricyclic antidepressants as first-line agent unless they are ineffective, poorly tolerated, or contraindicated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of lower limb and insomnia. In addition, there is documentation of ongoing treatment with Nortriptyline. Furthermore, given documentation that patient has stable functionality with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Nortriptyline use to date. However, despite documentation of pain, there is no (clear) documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Nortriptyline HCL 25mg #30 with 2 refills is not medically necessary.