

Case Number:	CM14-0217708		
Date Assigned:	01/07/2015	Date of Injury:	11/21/2006
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This patient's mechanism of injury is cumulative trauma due to repetitive motion. Treating diagnoses include bilateral carpal tunnel syndrome (status post right carpal tunnel release of July 2007), generalized myofascial pain, and chronic pain syndrome. Treatment to date has been extensive, including PT, OT, acupuncture, surgery, psychological counseling, and medication. As of 12/16/14 the patient reported ongoing pain in the upper extremities. The patient's response to ongoing pharmacological treatment was not clearly documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Cyclobenzaprine Page(s): 64.

Decision rationale: MTUS recommends cyclobenzaprine for short-term use but not as a chronic or ongoing medication. The records do not provide an alternate rationale as an exception to these guidelines. Therefore the request is not medically necessary.

Ambien 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS does not specifically discuss this treatment. ODG discusses FDA guidelines for Ambien generally up to 10 days and not for chronic use. The records in this case do not clearly document the efficacy of this treatment or a rationale for its ongoing use chronically. This request is not medically necessary.

Lexapro 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Anxiety Medications in Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: MTUS notes that an SSRI is not indicated for chronic pain but may have a role in treating secondary depression. The records in this case are limited in terms of clarifying if this medication was requested due to secondary depression or its efficacy for such treatment. Therefore the records do not contain sufficient information to support an ongoing indication for this treatment. This request is not medically necessary.

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis

overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.