

Case Number:	CM15-0116400		
Date Assigned:	06/24/2015	Date of Injury:	11/08/2012
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female sustained an industrial injury to the bilateral wrists and hands on 11/2/02. Electromyography/nerve conduction velocity test 11/12/13 showed left carpal tunnel syndrome. Previous treatment included physical therapy and medications. In a PR-2 dated 4/22/15, the injured worker complained of pain to bilateral wrists, hands and forearms rated 5/10 on the visual analog scale. The injured worker reported that recent physical therapy had diminished pain and improved activity tolerance. The injured worker stated that medications at the current dosing facilitated maintenance of activities of daily living. Duloxetine facilitated a 4-6 point diminution in pain and increased activity tolerance and functionality. The injured worker recalled refractory spasms prior to having Cyclobenzaprine on board at current dosing. Cyclobenzaprine decreased spasms for approximately 4-6 hours, facilitating marked improvement in range of motion, exercise tolerance and pain level. The injured worker also recalled a history of gastrointestinal upset with non-steroidal anti-inflammatory medications without a proton pump inhibitor. Physical exam was remarkable for tenderness to palpation of the left dorsal forearm, pain with wrist extension against resistance, positive left Finkelstein's, Phalen's and Tinel's and diminished sensation at the left median nerve distribution. Current diagnoses included left de Quervain's tenosynovitis, left median neuropathy, possible left radial tunnel syndrome and carpometacarpal arthropathy, right thumb. The treatment plan included continuing physical therapy right hand, continuing to request eight sessions with a psychologist and continuing medications (Duloxetine, Norco, Naproxen Sodium and Protonix).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #60: 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 Page(s): 13-16.

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is identification that the Cymbalta provides specific analgesic benefit and objective functional improvement. As such, the currently requested duloxetine (Cymbalta) is medically necessary.

Pantoprazole 20mg: 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 Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, the patient notes G.I. upset with the currently prescribed medications and failure of first-line PPI agents. The currently prescribed medication improves the patient's G.I. complaints. As such, the currently requested pantoprazole is medically necessary.

Cyclobenzaprine 7.5mg #90: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is identification that the cyclobenzaprine provides specific analgesic benefit and objective functional improvement. As such, the currently requested cyclobenzaprine (Flexeril) is medically necessary.