

Case Number:	CM15-0116632		
Date Assigned:	06/24/2015	Date of Injury:	06/26/2012
Decision Date:	07/24/2015	UR Denial Date:	05/13/2015
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: 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 36-year-old female who sustained an industrial injury on 6/26/2012 resulting in pain to her neck, bilateral shoulders, her left elbow, and bilateral wrists and hands. The injured worker is diagnosed with left shoulder rotator cuff tendonitis and impingement syndrome. Treatment for these injuries includes left-sided subacromial decompression, left thumb and index finger trigger release, and medication. Pain reduction was reported with these interventions, but the injured worker continues to present with pain and weakness to her left shoulder, as well as left thumb and index finger stiffness. The treating physician's plan of care includes referral to pain management specialist, and medication including Flexeril, Lexapro, and Protonix. The injured worker is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 7.5mg #90, date of service 04/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodics: Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker is utilizing Flexeril in a chronic nature without significant pain relief or increase in function. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for retrospective request for Flexeril 7.5mg #90, date of service 04/13/15 is determined to not be medically necessary.

Retrospective request for Lexapro 20mg #30, date of service 04/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. As Lexapro is not recommended for the treatment of low back pain and the injured worker is not diagnosed with continuing depression, the request for retrospective request for Lexapro 20mg #30, date of service 04/13/15 is determined to not be medically necessary.

Retrospective request for Protonix 20mg #60, date of service 04/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Protonix when using NSAIDs. The request for retrospective request for Protonix 20mg #60, date of service 04/13/15 is determined to not be medically necessary.