

Case Number:	CM15-0119510		
Date Assigned:	06/30/2015	Date of Injury:	06/24/2013
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 32-year-old female who sustained an industrial injury on June 24, 2013. She has reported pain and discomfort in both hands and has been diagnosed with repetitive strain injury, myofascial pain syndrome, bilateral lateral epicondylitis, and bilateral median neuropathy of carpal tunnel syndrome. Treatment has included medications. She had near full range of motion of the bilateral upper extremities. There was local tenderness in the bilateral elbows, lateral aspect, as well as wrist. She had positive Tinel and Phalen tests at the wrist and hand. There was decreased right-handed handgrip strength. There were also multiple myofascial trigger points in the cervical paraspinal musculature as well as forearm. EMG nerve conduction study showed the injured worker does have findings of bilateral median neuropathy of carpal tunnel syndrome. The treatment request included Norco and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are repetitive strain injury; myofascial pain syndrome; bilateral lateral epicondylitis; and bilateral median neuropathy of carpal tunnel syndrome. The date of injury is June 24, 2013. The medical record contains 24 pages. There is no progress note documentation by the requesting nurse practitioner. There is a single follow-up QME dated June 2, 2015. Subjectively, the injured worker has pain and discomfort in both hands with numbness and tingling. EMGs reflect bilateral carpal tunnel syndrome. There is no clinical indication or rationale for Norco 10/325 mg based on the absence of clinical documentation from the requesting provider. Consequently, absent clinical documentation with the clinical indications/rationale to support ongoing Norco 10/325mg, Norco 10/325mg # 30 is not medically necessary.

Cyclobenzaprine 7.5 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are repetitive strain injury; myofascial pain syndrome; bilateral lateral epicondylitis; and bilateral median neuropathy of carpal tunnel syndrome. The date of injury is June 24, 2013. The medical record contains 24 pages. There is no progress note documentation by the requesting nurse practitioner. There is a single follow-up QME dated June 2, 2015. Subjectively, the injured worker has pain and discomfort in both hands with numbness and tingling. EMGs reflect bilateral carpal tunnel syndrome. There is no clinical indication or rationale for Cyclobenzaprine 7.5 mg based on the absence of clinical

documentation from the requesting provider. There is no start date. There is no clinical indication or rationale based on missing documentation. Consequently, absent clinical documentation with a clinical indication and/or rationale to support ongoing Cyclobenzaprine 7.5 mg, Cyclobenzaprine 7.5 mg #30 is not medically necessary.