

Case Number:	CM15-0125199		
Date Assigned:	07/09/2015	Date of Injury:	04/12/2006
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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 60 year old male, who sustained an industrial injury on April 12, 2006. The injured worker was diagnosed as having cervical discogenic condition, left shoulder impingement, left shoulder, left shoulder decompression and labral repair, left epicondylitis, with release, left ulnar nerve entrapment with release, left carpal tunnel syndrome and depression and sleep issues. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS), gloves, wrist braces, cervical collar, hot and cold wrap, magnetic resonance imaging (MRI), nerve conduction study and medication. A progress note dated May 13, 2015 provides the injured worker complains of neck and left arm pain. Physical exam notes facet loading, tenderness of the elbow and mention of possible anxiety concerns. The plan includes MS Contin, Remeron, Flexeril, Neurontin, Celebrex, Protonix, lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Remeron 15mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: Remeron is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as Remeron have been used to treat insomnia, however there is less evidence to support their use for insomnia. Remeron may be an option for patients with coexisting depression. There is no current assessment of the continued need of Remeron. The benefits for sleep and depression in this particular injured worker are not addressed, therefore, the request for 30 tablets of Remeron 15mg is determined to not be medically necessary.

60 tablets of Flexeril 7.5mg: 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 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 exacerbations, 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 a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. It is unclear how long the injured worker has been taking this medication, however, there is no evidence of an acute exacerbation of pain. 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 60 tablets of Flexeril 7.5mg is determined to not be medically necessary.

1 Month Supply of MS Contin: 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 Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking MS Contin for an extended period without objective

documentation of functional improvement or significant decrease in pain. Additionally, this request does not include the amount of medication requested. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 month supply of MS Contin is determined to not be medically necessary.