

Case Number:	CM15-0020341		
Date Assigned:	02/09/2015	Date of Injury:	05/05/2008
Decision Date:	06/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

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:

The injured worker is a 51 year old male, who sustained an industrial injury on May 5, 2008. The diagnoses have included complex regional pain syndrome, left upper extremity and chronic pain other. Treatment to date has included pain medication, four weeks of physical therapy with improved pain control and functional improvement. The injured worker presented on 12/22/2014, for a follow-up evaluation with complaints of 9/10 pain. The injured worker reported upper extremity pain involving the left index finger. The provider indicated there was allodynia in the left upper extremity, with color change, hypersensitivity, swelling and temperature change. In addition, there was tenderness noted upon examination, mild swelling of the left hand and index finger, moderately decreased strength in the dermatomal level at C5-6, and left hand muscle spasm. Treatment recommendations at that time included 4 additional weeks of physical therapy and continuation of the current medication regimen of Celebrex, Lyrica, Nucynta, tizanidine, aspirin, Flentoril, lisinopril, and Metex. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. In this case, the injured worker has continuously utilized the above medication since at least 06/2014. Despite the ongoing use of this medication, the injured worker continues to present with left hand muscle spasm. The medical necessity for the ongoing use of this medication has not been established. The guidelines do not support long-term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Celebrex 200mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state Celebrex is used for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. In this case, the injured worker has continuously utilized the above medication since at least 06/2014. There is no documentation of objective functional improvement. In addition, there is no frequency listed in the request. Given the above, the request is not medically necessary.

Nucynta 75mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line option for patients who develop intolerable adverse effects with first line opioids. In this case, the injured worker has continuously utilized the above medication since at least 06/2014. Despite the ongoing use of this medication, the injured worker continues to report constant pain rated 9/10. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Lyrica 75mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug (AEDs) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The California MTUS Guidelines recommend anti-epilepsy drugs for neuropathic pain. In this case, the injured worker has continuously utilized the above medication since at least 06/2014. Despite the ongoing use of this medication, the injured worker continues to report 9/10 constant pain. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.