

<b>Case Number:</b>	CM15-0061019		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	05/05/2000
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Texas, Illinois

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 54 year old female, who sustained an industrial injury on 05/05/2000. The initial complaints or symptoms included progressive numbness and tingling in the right fingers and hand from cumulative trauma. The injured worker was diagnosed as having right carpal tunnel syndrome. Further injuries sustained included injury to the left hip, left knee and low back. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, carpal tunnel release bilaterally, cortisone injections, and conservative therapies. Currently, the injured worker complains of increased instability and pain to the left knee, continued "locking" of the fingers with paresthesia and poor use of hands. There were no reported changes from the previous exam findings. The diagnoses include bilateral carpal tunnel syndrome, left knee internal derangement, and insomnia secondary to pain. The treatment plan consisted of medications (including Lyrica, Zanaflex and amitriptyline), discontinuation of Soma, referral to hand surgeon, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**Decision rationale:** The injured worker sustained a work related injury on 05/05/2000. The medical records provided indicate the diagnosis of right carpal tunnel syndrome. Further injuries sustained included injury to the left hip, left knee and low back. Treatment has included conservative care, medications, carpal tunnel release bilaterally, cortisone injections, and conservative therapies. The medical records provided for review do not indicate a medical necessity for Lyrica 100mg #90. Lyrica (Pregabalin), is an antiepilepsy drug. The MTUS recommends their use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise to switch to a different first line agent, or combine with another first line agent. According to the Utilization review report, the injured worker has been using this medication for a while without documented evidence of improvement. Therefore, the 30% reduction in pain has not been demonstrated with prior use, the request is not medically necessary.

**Zanaflex 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 05/05/2000. The medical records provided indicate the diagnosis of right carpal tunnel syndrome. Further injuries sustained included injury to the left hip, left knee and low back. Treatment has included conservative care, medications, carpal tunnel release bilaterally, cortisone injections, and conservative therapies. The medical records provided for review do not indicate a medical necessity for: Zanaflex 4mg #90. Tizanidine (Zanaflex) is a muscle relaxant recommended to be dosed at 4 mg initial dose; gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. The side effect includes liver damage, therefore, the guidelines recommend monitoring the liver function test at baseline, 1, 3, and 6 months. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The records indicate the injured worker has used this medication for a while without documented evidence of benefit. Also, there is no evidence the injured worker is being monitored as recommended, the request is not medically necessary.

**Amitriptyline 2.5mg #90:** 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 Chronic pain discussion; Antidepressants for chronic pain Page(s): 8; 14-16.

**Decision rationale:** The injured worker sustained a work related injury on 05/05/2000. The medical records provided indicate the diagnosis of right carpal tunnel syndrome. Further injuries sustained included injury to the left hip, left knee and low back. Treatment has included conservative care, medications, carpal tunnel release bilaterally, cortisone injections, and conservative therapies. The medical records provided for review do not indicate a medical necessity for Amitriptyline 2.5mg #90. Amitriptyline is a tricyclic antidepressant. The MTUS recommends the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The records indicate the injured worker has use this medication for more than a year without evidence of improvement. The MTUS recommends discontinuation of any treatment modality if it is found to be ineffective. The request is not medically necessary.