

Case Number:	CM15-0062542		
Date Assigned:	04/08/2015	Date of Injury:	09/01/2008
Decision Date:	05/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 61 year old female, who sustained an industrial injury on 09/01/2008. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 02/12/2015 the injured worker has reported both wrists and right wrist joint inflammation. On examination of the wrist range of motion was decreased and grip was decreased. The diagnoses have included carpal tunnel syndrome bilaterally, status post decompression, recovery along the first extensor compartment on the right form injection, ganglion along the right wrist that does not seem to be causing much wrist joint inflammation at the point and chronic pain syndrome. Treatment to date has included TENS unit, soft brace, nerve studies and medication. The provider requested Remeron 15 mg #30, Trazadone 50 mg #60 and Flexeril 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: MTUS guidelines recommend TCA or SNRI classes of antidepressants for use in treatment of chronic neuropathic pain. In this case, Remeron is not a TCA or SNRI and the medical records provided do not describe why the patient has been prescribed Remeron. The request for Remeron 15 mg #30 is not medically appropriate and necessary.

Trazadone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Trazadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

Decision rationale: Guidelines state trazodone is recommended as an option for insomnia for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is not indicated for treatment of muscle spasm. In this case, the clinical documents provided state that the patient is being prescribed trazodone for spasm and irritation. The request for trazodone 50 mg #60 is not medically appropriate and necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: Guidelines support the use of muscle relaxants for short term (2-3 weeks) for acute exacerbations of chronic low back pain. In this case, the patient is not having an acute exacerbation of chronic low back pain. There is no mention of muscular spasm. The request for Flexeril 7.5 mg #60 is not medically appropriate and necessary.