MAXIMUS Federal Services

Case Number:	CM15-0063235		
Date Assigned:	04/09/2015	Date of Injury:	03/20/2014
Decision Date:	05/18/2015	UR Denial Date:	03/04/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on 3/20/2014. She reported a cumulative injury. The injured worker was diagnosed as having bilateral carpal tunnel release and radial nerve numbness. There is no record of a recent diagnostic study. Treatment to date has included surgery, massage, physical therapy and medication management. In a progress note dated 2/9/2015, the injured worker complains of ongoing hand and wrist pain. The treating physician is requesting Robaxin and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: Based on the 02/09/15 progress report provided by treating physician, the patient presents with pain and numbness to the bilateral hands. The request is for ROBAXIN 750MG QTY: 60. Patient is status post left carpal tunnel release on 08/25/14, and right carpal tunnel release 10/22/14. Patient's diagnosis per Request for Authorization form dated 01/05/15 includes status post bilateral carpal tunnel syndrome release, and radial nerve numbness. Physical examination to the hands on 12/19/14 revealed bilateral surgical scars, and positive Durkan's test. Treatment to date has included surgery, massage, physical therapy and medication management. Patient's medications included Naproxen, Tizanidine, and Ultracet, per 10/01/14 progress report. Patient is working modified-duty, per 02/09/15 treater report. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBPMTUS page 63-66 under Antispasmodics for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Patient has been dispensed Robaxin and Elavil, per 02/09/15 progress report and prescription sheet dated 03/05/15. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Elavil (amitriptyline) 25 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Amitriptyline; Antidepressants for chronic pain Page(s): 7, 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60.

Decision rationale: Based on the 02/09/15 progress report provided by treating physician, the patient presents with pain and numbness to the bilateral hands. The request is for ELAVIL (AMITRIPTYLINE) 25MG QTY: 30. Patient is status post left carpal tunnel release on 08/25/14, and right carpal tunnel release 10/22/14. Patient's diagnosis per Request for Authorization form dated 01/05/15 includes status post bilateral carpal tunnel syndrome release, and radial nerve numbness. Physical examination to the hands on 12/19/14 revealed bilateral surgical scars, and positive Durkan's test. Treatment to date has included surgery, massage, physical therapy and medication management. Patient's medication included Naproxen, Tizanidine, and Ultracet, per 10/01/14 progress report. Patient has been dispensed Robaxin and Elavil, per 02/09/15 progress report and prescription sheet dated 03/05/15. Patient is working modified-duty, per 02/09/15 treater report. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Treater has not provided reason for the request. Patient has been dispensed Robaxin and Elavil, per 02/09/15 progress report and prescription sheet dated 03/05/15. The use of this medication is indicated as the patient suffers from chronic pain. However, recommendation for further use cannot be supported since treater has not provided discussion regarding medication efficacy. MTUS guidelines page 60 requires documentation of

pain assessment and functional changes when medications are used for chronic pain. Given the lack of documentation, continuation cannot be supported. Therefore, the request for Elavil IS NOT medically necessary.