

Case Number:	CM15-0076556		
Date Assigned:	04/28/2015	Date of Injury:	08/01/2012
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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: Family Practice

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 47 year old female who sustained a work related injury August 1, 2012. The injured worker reports benefit with the use of Ibuprofen during her work hours at the computer. According to a pain physician's report dated, March 13, 2015, she complains of shooting pain in her right hand and wrist and numbness in both hands, right greater than left. Urine drug test and CURES report are consistent with current therapy. Diagnoses are bilateral carpal tunnel syndrome, right greater than left; cervical degenerative disc disease with intractable neck pain; myofascial pain syndrome; neuropathic pain and insomnia. Treatment plan included request for authorization for hand surgeon, Flexeril, ibuprofen, Nortriptyline, and given a Medrol dose pack for inflammation in her right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #30: Overturned

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 Anti-epilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: According to the MTUS guidelines, Anti-epilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Nortriptyline is a tricyclic antidepressant and the MTUS guidelines recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. In this case, the injured worker is diagnosed with neuropathic pain and is pending potential additional work up. The injured worker is also reporting insomnia due to her complaints. The request for first line medication such as nortriptyline is supported. The request for Nortriptyline 10mg #30 is medically necessary and appropriate.

Ibuprofen 800mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Ibuprofen Page(s): 21-22, 71.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. In this case, the injured worker's diagnosis includes bilateral carpal tunnel syndrome, cervical degenerative disc disease with intractable neck pain; myofascial pain syndrome; neuropathic pain and insomnia. This medication is helping to alleviate her pain during the working hours at a computer. No side effects have been noted. The request for first line non-selective non-steroidal anti-inflammatory medication is supported. The request for Ibuprofen 800mg #60 is medically necessary and appropriate.

Flexeril 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): Muscle Relaxants, Page 63-66, Cyclobenzaprine (Flexeril) page 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker is in the chronic phase of injury and the continuation of a muscle relaxant is not supported. The long term use of muscle relaxants is not supported per the MTUS guidelines. The request for Flexeril 5mg #90 is not medically necessary and appropriate.