

Case Number:	CM15-0098570		
Date Assigned:	05/29/2015	Date of Injury:	03/06/2006
Decision Date:	08/11/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida, California
 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 (IW) is a 40 year old female who sustained an industrial injury on 03/06/2006. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as status post bilateral carpal tunnel release; rule out recurrent upper extremity compression neuropathy; and rule out cervical radiculopathy. Treatment to date has included right and left carpal tunnel release, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and medications. Currently, the injured worker complains of left wrist/hand pain rated an 8 on a scale of 1-10, right wrist/hand pain rated a 7 on a scale of 1-10. Her medications include Tramadol, Cyclobenzaprine, Hydrocodone, Pantoprazole, and Naproxen. Per the worker's report, medication improves her activity and function maintaining her ability to do activities of daily living. She notes improved range of motion and greater tolerance of exercise and activity. Tramadol decreases somatic pain an average of 4-5 points on a scale of 10. She denies side effects with Tramadol ER or with the opioid analgesic taken for bouts of severe pain. She recalls a history of gastrointestinal upset with non-steroidal anti inflammatories, but at current dose with a Pantoprazole, there is no problem. She failed 1st line Proton Pump Inhibitor. The worker recalls refractory spasm prior to cyclobenzaprine on board at current dosing. Spasm was refractory to activity modification, stretching, heat, physical therapy or home exercise. Cyclobenzaprine decreases spasm approximately 4-6 hours, improving range of motion and pain relief. The treatment plan was for continuation of medications. A request for authorization is made for the following: 1. Retrospective: Tramadol 150mg #60 (DOS: 04/02/2015), 2. Cyclobenzaprine 7.5mg #90, 3.

Hydrocodone 10/325mg #60, 4. Retrospective: Pantoprazole 20mg #90 (DOS: 04/02/2015), and 5. Naproxen 550mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tramadol 150mg #60 (DOS: 04/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 12, 13, 83 and 113 of 127.

Decision rationale: This claimant was injured nine years ago and has diagnoses of rule out recurrent upper extremity compression neuropathy; and rule out cervical radiculopathy. Treatment to date was a right and left carpal tunnel release, physical therapy, a TENS unit, and medications. There is continued right wrist and hand pain. The claimant has been on Tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. Moreover, in this case, there was subjective improvement, but no objective quantification of functional improvement with the medicine regimen. The request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: As shared previously, this claimant was injured nine years ago and had diagnoses of status post bilateral carpal tunnel release; rule out recurrent upper extremity compression neuropathy; and rule out cervical radiculopathy. Treatment to date was the right and left carpal tunnel release, physical therapy, TENS unit, and medications. There was continued right wrist and hand pain. There is no documentation of acute muscle spasm. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. There was prior spasm, but current spasm is not noted. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.