

Case Number:	CM14-0114566		
Date Assigned:	08/13/2014	Date of Injury:	03/15/2001
Decision Date:	08/25/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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 55 year old female, who sustained an industrial injury on 3/15/2001. She reported developing pain in the hands and wrists from repetitive motion type injury. Diagnoses include bilateral cubital tunnel syndrome, epicondylitis, bilateral carpal tunnel syndrome, and De Quervain's tenosynovitis in bilateral wrists and hands and cervicalgia and cervical disc herniation. She is also diagnosed with Sjogren's Syndrome and systemic lupus erythematosus. Treatments to date include medication therapy, physical therapy, wrist supports, acupuncture treatments, psychotherapy, and steroid injections. Currently, she complained of total body pain, chronic fatigue and problems sleeping. On 6/5/14, the physical examination documented observation of a lupus "maker rash" and no new joint swelling. The plan of care included Cyclobenzaprine HCL 7.5mg #60; Requip XL 2mg #60; TENS unit with supplies and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 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 (for pain) Page(s): 63-66.

Decision rationale: The patient presents with total body pain, chronic fatigue and sleeping problems. The request is for CYCLOBENZAPRINE HCL 7.5 MG # 60. Physical examination on 02/02/15 revealed normal neurologic findings, no rheumatoid arthritis deformities and no new joint swelling. Patient's treatments have included medication, psychological therapy, physical therapy and acupuncture. Per 06/05/14 progress report, patient's diagnosis include syst lupus erytematosus, rheumatism nos, and long-term use meds nec. Patient's medications, per 06/05/14 progress report include Gaba, Plaqueril, Tramadol, Cymbalta, Omeprazole, Requip, and Cyclobenzaprine. Patient's work status, per 02/02/15 progress report is to remain off work until next office visit. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine(Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not discussed this request. Cyclobenzaprine appeared in patient's medication list in progress report dated 06/05/14; however, It is unclear how long the patient has been utilizing this medication. In RFA dated 06/05/14, there is a request for Cyclobenzaprine # 60. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the current requested 60 tablets, in addition to prior prescriptions does not imply short-term therapy. Therefore, the request IS NOT medically necessary.

Requip XL 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Pharmacology for restless leg syndrome (RLS) American academy of sleep medicine clinical practice guideline. Sleep. 2012 Aug.1,35(8):1039-62.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Restless legs syndrome.

Decision rationale: The patient presents with total body pain, chronic fatigue and sleeping problems. The request is for REQUIP XL 2 MG # 60. Physical examination on 02/02/15 revealed normal neurologic findings, no rheumatoid arthritis deformities and no new joint swelling. Patient's treatments have included medication, psychological therapy, physical therapy and acupuncture. Per 06/05/14 progress report, patient's diagnosis include syst lupus erytematosus, rheumatism nos, and long-term use meds nec. Patient's medications, per 06/05/14 progress report include Gaba, Plaqueril, Tramadol, Cymbalta, Omeprazole, Requip, and Cyclobenzaprine. Patient's work status, per 02/02/15 progress report is to remain off work until next office visit. The MTUS and ACOEM Guidelines do not address Requip; however, ODG Guidelines states that Requip is "not considered first-line treatment and should be reserved for

patients who have been unresponsive to other treatment." Requip is a medication used to treat patient with restless leg syndrome. ODG further states there are four essential criteria to diagnosis a patient with restless leg syndrome: (1) an urge to move the legs; (2) the urge to move and/or unpleasant sensations that become worse during periods of rest or inactivity; (3) partial relief of symptoms with movement; and (4) worsened sensations at night. Treater has not discussed this request. Requip appeared in patient's medication list in progress report dated 06/05/14; however, It is unclear how long the patient has been utilizing this medication. In RFA dated 06/05/14, there is a request for Requip # 60. ODG Guidelines recommend Requip for restless leg syndrome and this patient does not present with it. This request is not in line with guideline recommendations and therefore, the request IS NOT medically necessary.

1 TENS unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The patient presents with total body pain, chronic fatigue and sleeping problems. The request is for 1 TENS UNIT WITH SUPPLIES. Physical examination on 02/02/15 revealed normal neurologic findings, no rheumatoid arthritis deformities and no new joint swelling. Patient's treatments have included medication, psychological therapy, physical therapy and acupuncture. Per 06/05/14 progress report, patient's diagnosis include syst lupus erytematosus, rheumatism nos, and long term use meds nec. Patient's medications, per 06/05/14 progress report include Gaba, Plaqueril, Tramadol, Cymbalta, Omeprazole, Requip, and Cyclobenzaprine. Patient's work status, per 02/02/15 progress report is to remain off work until next office visit. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Treater does not discuss this request. In review of the medical records provided, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Given the lack of documentation, as required by MTUS, the request IS NOT medically necessary.

1 Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

Decision rationale: The patient presents with total body pain, chronic fatigue and sleeping problems. The request is for 1 URINE TOXICOLOGY SCREEN. Physical examination on 02/02/15 revealed normal neurologic findings, no rheumatoid arthritis deformities and no new joint swelling. Patient's treatments have included medication, psychological therapy, physical therapy and acupuncture. Per 06/05/14 progress report, patient's diagnosis include syst lupus erythematosus, rheumatism nos, and long term use meds nec. Patient's medications, per 06/05/14 progress report include Gaba, Plaqueril, Tramadol, Cymbalta, Omeprazole, Requip, and Cyclobenzaprine. Patient's work status, per 02/02/15 progress report is to remain off work until next office visit. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Treater has not discussed this request. Review of the medical records provided indicate two UDS test results: one from 06/11/14 and another from 02/06/15. MTUS and ODG supports the use of urine toxicology on annual basis but do not support more frequent testing unless the patient is at moderate or high risk for opiate abuse. In this case, the UDS in questions appears to be from 2/6/15 and the patient is on an opiate, Tramadol. Given the random nature of UDS's, once in 2014 and now once on 2/6/15 does not appear excessive. The request IS medically necessary.