

Case Number:	CM13-0047284		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2002
Decision Date:	02/27/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina, and Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 64-year-old male who was injured on 05/05/06. The records reflected numerous musculoskeletal complaints in the cervical spine, elbows, right wrist, and lower back. Previous treatment included physical therapy, and epidural steroids for the cervical and lumbar spine, and medicines. The records reflected that this claimant has last worked in 2007 as a laborer. Electrodiagnostics noted severe median nerve neuropathy. The diagnosis offered within the medical records included spondylosis of the cervical and lumbar spine, and elbows that were aggravated by a vocational injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-41.

Decision rationale: Based upon the chronicity and symptomatology, Flexeril is not indicated and appropriate. Other treatment should be considered. Skeletal muscle relaxants such as Flexeril should be taken in the acute or subacute setting. They could be reserved for flares as

well. It appears that the claimant's symptoms are chronic and use of Flexeril is not necessary and appropriate.

12 chiropractic manipulation sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual manipulation and therapy Page(s): 58.

Decision rationale: Twelve chiropractic manipulation sessions are not indicated, again, similarly for the chronicity of the problems dating back to 2006. It is unclear what benefit these may have in regard to his present complaints. Most recent office visits were September of 2013 and there are no recent evaluations indicating any acute change in history or aggravation.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDS) Gastrointestinal (GI) Symptoms Page(s): 68-69.

Decision rationale: Omeprazole is not indicated. There is no history of gastritis or ulcer disease in the records provided for review.

request for Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Medrox patches are not indicated for a similar reason as stated due to chronicity and specific for this. Subcutaneous advocacy has not been demonstrated as clinically efficacy.

1 consultation with orthopedic spine surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Orthopedic spinal surgeon may be reasonable for consideration of a surgical procedure.

1 orthopedic spine surgeon referral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: This orthopedic spinal surgeon may be seen as referral and in consultation.

1 bilateral carpal tunnel release surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 272.

Decision rationale: Carpal tunnel release given the severe compression noted on electrodiagnostics, it is reasonable for the proposed surgery.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: Tramadol as a narcotic should not be administered as a first line analgesic for chronic symptoms and it is contraindicated for use for [REDACTED] and is not supported in the records.

Topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: Topical cream could not be supported. It is unclear where this specifically for the topical cream.