

Case Number:	CM13-0059263		
Date Assigned:	04/25/2014	Date of Injury:	04/12/1991
Decision Date:	07/08/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/01/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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/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:

The injured worker is a 56 year old female who sustained an injury on 04/12/91 when her foot was caught in a hole causing her to fall forward with the right arm outstretched. The claimant sustained injuries to the neck right shoulder low back and right knee. The claimant had multiple surgical procedures for the cervical spine and multiple low back surgeries the last being in April of 2010. The claimant also had surgical intervention for the right knee. The record indicates the claimant was followed for ongoing chronic low back pain with associated muscle spasms in the back and legs. It also indicated her activities of daily living were limited due to pain. A follow up visit on 10/11/13 for increasing pain levels due to severe muscular spasms is noted. There are previous considerations for a spinal cord stimulator trial. The claimant described chronic insomnia secondary to pain. A description of trigger points in the left rhomboid with persistent numbness in the left upper extremity with progressing right upper extremity symptoms is noted. The claimant described symptoms of depression. Medications at this visit included Oxycontin 40mg every eight hours, Percocet 10/325mg every four to six hours, Prozac 20mg three times daily, and Flexeril 10mg every eight hours as needed for spasms. On physical examination there was continued tenderness to palpation in the cervical spine and tenderness in the thoracic spine and lumbar spine and sacroiliac joints bilaterally. Range of motion was limited at the neck and low back. Mild to moderate weakness was noted throughout the bilateral lower extremities. The claimant was recommended to undergo spinal cord stimulator trial at this evaluation. Follow up on 11/15/13 noted no change in symptoms. Medications remained unchanged. On physical examination there continued to be multiple areas of tenderness to palpation with limited range of motion in the cervical spine and lumbar spine. Weakness continued in the lower extremities. The claimant was seen on 01/17/14 with persistent symptoms in the neck low back upper extremities and lower extremities. The claimant appeared to have had a recent epidural steroid

injection with 50% pain relief. No further epidural steroid injections had been given had been recommended or had been authorized. Physical examination noted multiple tender points consistent with fibromyalgia. There was very limited cervical and lumbar range of motion. Weakness persisted in the left lower extremity bilaterally. At this evaluation Flexeril was discontinued due to lack of benefit. The claimant was switched to Soma 350mg every six hours. The claimant was also started on Lidoderm patches at this visit. The requested Flexeril 10mg quantity 90 was as well as bilateral wrist splints were denied by utilization review on 11/05/13. The claimant followed up on 02/13/14. Symptoms remained unchanged. Medications continued to include Soma at this evaluation. Physical examination findings were relatively unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request for Flexeril 10 mg, # 90 is not medically necessary and appropriate.

1 BILATERAL WRIST SPLINTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Forearm Wrist & Hand Chapter, Splinting.

Decision rationale: Bilateral wrist splints were recommended to address carpal tunnel symptoms. From the most recent clinical information provided there was no evidence of a persistent bilateral carpal tunnel syndrome that would have reasonably benefitted from the use of bracing. No electrodiagnostic studies were available for review confirming diagnosis of bilateral carpal tunnel syndrome. Given the absence of any updated physical examination findings consistent with bilateral active bilateral carpal tunnel syndrome the request cannot be supported. Therefore, the request for 1 bilateral wrist splints is not medically necessary and appropriate.

