

Case Number:	CM13-0061728		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2010
Decision Date:	05/13/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 43-year-old male who was injured on 06/26/2010. A customer accelerated the car towards the patient and the patient jumped and landed on top of the hood. He tried to reach back and grab wiper blade. After driving about 50 feet, the customer stepped on the brakes and the patient flew onto the ground and rolled for about 10-15 feet. The patient sustained injuries to multiple body parts including left wrist and hand. The prior treatment history has included the patient undergoing excision, left posterior interosseous nerve and repair, open wound, left distal dorsal forearm on 05/20/2013. He also underwent a left wrist arthroscopy with synovectomy, debridement of the triangular fibrocartilage complex release and left first dorsal compartment extensor tenosynovectomy, with release of second tunnel. On 08/01/2012, he underwent a bilateral carpal tunnel release. The patient has received a Kenalog nerve block injection in the left upper posterior interosseous nerve in 2013. He was started on occupation therapy three (3) times per week for four (4) weeks. Medications include the following: Hydrocodone; Naproxen; Tizanidine; Cyclobenzaprine; Ketoprofen; Medrox ointment; Gabapentin; Naprosyn; Tramadol; Omeprazole; and Flexeril. Additional Consultations include an electromyography/nerve conduction velocity (EMG/NCV) on 09/08/2011, where findings were indicative of mild to moderate bilateral carpal tunnel syndrome. There were no indicators of ulnar neuropathy or acute cervical or lumbar radiculopathy seen. No entrapment neuropathy was seen in the lower extremities. An MRI of the lumbar spine dated 09/01/2011, revealed asymmetric circumferential disc bulging at L4-L5, with mild canal and mild to moderate left sided neural foraminal stenosis. There was a small right paracentral posterior disc protrusion at L5-S1. There was also mild degenerative disc bulging at L3-L4. On 09/03/2013, an electrodiagnostic evaluation of the bilateral lower extremities did not reveal evidence of entrapment neuropathy or acute lumbar radiculopathy. The progress note dated 10/24/2013, documented the patient with persistent

pain in the low back, aggravated with usual activities. The symptomatology in the patient's cervical spine and bilateral wrists has not changed. The objective findings on exam reveal tenderness at the cervical paravertebral muscles. There is pain with terminal motion, with limited range of motion. There is a well-healed scar in the bilateral wrists. There is tenderness at the first dorsal compartment of the wrists. There is limited range of motion and weak left grip. An examination of the lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion, and the Seated nerve root test is positive. There is dysesthesia at the L5 and S12 dermatomes. The treatment Plan included: The patient to be referred to pain management physician for pain control and lumbar epidural steroid injection. Medications were prescribed to the patient. The patient will return to clinic on an as needed basis. The diagnoses included: Cervical Discopathy with radiculitis; Lumbar Discopathy with radiculitis; Electrodiagnostic evidence of bilateral carpal tunnel syndrome; Left wrist ganglion cyst and tenosynovitis; and status post left wrist arthroscopy with synovectomy, debridement of the triangular fibrocartilage complex release, and left first dorsal compartment extensor tenosynovectomy, with release second tunnel. .

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE: 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): 63-64.

Decision rationale: The Chronic Pain Guidelines indicate tht Cyclobenzaprine is recommended for a short course of therapy. This medication is not recommended to be used for longer than two to three (2-3) weeks. The objective functional benefit and pain reduction attributable to this medication are not documented. Medical necessity hs not been established.

TRAMADOL HYDROCHLORIDE 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

Decision rationale: The Chronic Pain Guidelines indicate that Tramadol is recommended for chronic back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks). The medical records document that the patient was diganosed with lumbar discopathy. However, objective functional benefit and pain reduction from Tramadol use is not documented. Medical necessity has not been established.

ONDANSETRON 8GM #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ONDANSETRON (ZOFRAN[®] 1/2)

Decision rationale: The Official Disability Guidelines indicate that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. The medical records provided for review does not provide a rationale for use. Medical necessity has not been established.

OMEPRAZOLE DELAYED 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that Omeprazole is recommended for patients at intermediate risk of gastrointestinal events. However, there is no available documentation of intermediate risk of gastrointestinal (GI) events. Further, chronic, scheduled non-steroidal anti-inflammatory drug (NSAID) use does not appear to be warranted. Medical necessity has not been established.

NAPROXEN SODIUM 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines indicate that NSAIDs are recommended as an option for short-term symptomatic relief at the lowest dose for the shortest duration possible. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The medical records document that the patient was diagnosed with cervical discopathy with radiculitis, lumbar discopathy with radiculitis; bilateral carpal tunnel syndrome status post left wrist arthroscopy. However, there is no documentation of objective pain reduction or functional benefit attributable to the long-term use of this medication. Medical necessity is not established.