

<b>Case Number:</b>	CM13-0061970		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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 injured worker is a 40 year old male who reported an injury on 05/17/2013. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 10/11/2013 reported the injured worker complained of low back pain. The injured worker also reported that he was continuing to experience blurred vision and also seeing black spots. The physical exam reported increased tenderness to palpation to the lumbar spine with muscle spasms noted along the paralumbar musculature. The provider noted a positive Kemp's test. The injured worker had an NCV/EMG on 09/08/2013 of the upper and lower extremities which revealed abnormal nerve conduction velocity study, with evidence of mild right carpal tunnel syndrome. The injured worker had diagnoses of cervical spine sprain/strain, right shoulder strain, mid back sprain/strain. Cephalgia, lumbar spine sprain and anxiety/depressive illness. The provider recommended right and left wrist brace, continued physical therapy 2-3 times a week for 6 weeks, ophthalmologist consultation for blurry vision, prilosec 20 mg # 60, Fexmid 7.5 mg # 120. The request for authorization was provided and submitted on 10/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT AND LEFT WRIST BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines note the use of splinting as first-line conservative treatment for carpal tunnel syndrome. The guidelines also note prolonged splinting will lead to weakness and stiffness. However the Official Disability Guidelines recommend splinting of the wrist in neutral position at night and day as needed, as an option in conservative treatment. The use of daytime wrist splints have positive, but limited evidence. Splinting after surgery has negative evidence. The guidelines also note carpal tunnel syndrome may be treated initially with a splint and medication before injections are considered. The providers rationale for a left and right wrist splint is unclear. The injured worker had an EMG which documented mild right carpal tunnel syndrome; however, there is a lack of objective findings indicating the need for a left wrist splint. Therefore, the request for Right And Left Wrist Brace is not medically necessary.

**CONTINUED PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The injured worker complained of low back pain. The California MTUS Guidelines recommend physical therapy for short term relief during the early phase of pain treatment and is directed at controlling symptoms. The guidelines recommend 8-10 sessions of physical therapy for myalgia and neuralgia. There is a lack of documentation of the efficacy of the previous physical therapy sessions. Additionally, the request for 12/18 visit exceeds the guideline recommendation of 8-10 visits. Therefore, the request for Continued Physical Therapy 2-3 times a week for 6 weeks is not medically necessary.

**OPHTHALMOLOGIST CONSULTATION FOR BLURRY VISION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 416-417.

**Decision rationale:** The injured worker also reported that he is continuing to experience blurred vision and also seeing black spots. The American College of Occupational and Environmental Medicine note if the eye damage is not well on the way to resolution within 48-72 hours, a referral to a specialist is indicated. The guidelines also note nonspecific eye complaints may be monitored for a longer period of time while ergonomic and other adjustment are made. There is a lack of objective findings indicating the need for a consultation. The providers prior courses of treatment were unclear. Additionally, the requesting physician's rationale for the request was

unclear. Therefore, the request for an Ophthalmologist Consultation for Blurry Vision is not medically necessary.

**PRILOSEC 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The injured worker complained of low back pain. The injured worker also reported that he is continuing to experience blurred vision and also seeing black spots. The California MTUS Guidelines recommend prilosec with caution. The guidelines recommend to utilizing the following criteria to determine if the injured worker is at risk for gastrointestinal events over the age of 65 years old, history of peptic ulcer, history of Gastrointestinal bleed, or history of perforation. The guidelines note prilosec can be used for the treatment of dyspepsia secondary to NSAID therapy. There is a lack of documentation indicating the injured worker to be at risk for gastrointestinal events. It did not appear the injured worker has a history of peptic ulcer, GI bleed, or perforation. In addition the injured worker is not on NSAID therapy. Therefore, the request for Prilosec 20 mg, # 60 is not medically necessary.

**FEXMID 7.5 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The injured worker complained of low back pain. The injured worker also reported that he is continuing to experience blurred vision and also seeing black spots. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The guidelines limit the use to 4 weeks. The providers rationale was unclear. The efficacy of the medication is unclear and the injured worker continues to report muscle spasms. In addition the injured worker had been utilizing the medication for an extended period of time which exceeds the guideline recommendations of 4 weeks. Therefore, the request for Fexmid 7.5 mg, # 120 is not medically necessary.