

Case Number:	CM13-0069856		
Date Assigned:	01/03/2014	Date of Injury:	07/08/2010
Decision Date:	06/04/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 57-year-old female who reported an injury on 07/08/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her neck. The injured worker's treatment history included multiple medications, carpal tunnel release, Guyon's canal release, and epidural steroid injections. The injured worker was evaluated on 11/12/2013. The injured worker complained of 8/10 wrist pain. The injured worker's medication schedule was noted to be Norco 10/325 mg 4 per day, Prilosec 20 mg, Flexeril 7.5 mg for muscle spasming and topical creams to include Ketoprofen, Gabapentin and Tramadol. Physical findings included limited range of motion of the cervical spine with palpable trigger points and muscle spasming of the paravertebral musculature with decreased left-sided hand grip strength. The injured worker's diagnoses included right carpal tunnel syndrome, cervical spondylosis with radiculopathy, right elbow sprain/strain, insomnia, anxiety and depression, GERD from medication and stress, intermittent left carpal tunnel syndrome, status post carpal tunnel release and Guyon's canal release. The injured worker's treatment plan included cervical epidural steroid injections, physical therapy, continued medication usage and a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN QTY:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested urine drug screen quantity 1 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been using opioids in the management of chronic pain; however, Chronic Pain Medical Treatment Guidelines recommends urine drug screens for injured workers who are at risk for aberrant behavior. There is no documentation that the injured worker has any risk factors for aberrant behavior. Prior urine drug screens were not provided. Therefore, the appropriateness of a urine drug screen at the requested appointment cannot be determined. The clinical documentation does not provide any evidence of overuse or withdrawal that would support that the patient is at risk for drug seeking behaviors. As such, the requested urine drug screen quantity 1 is not medically necessary or appropriate

TOPICAL CREAM GABAPENTIN/TRAMADOL/KETAPROFEN QTY 1:

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: The requested topical Gabapentin/Tramadol/Ketoprofen cream is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of Gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication. Chronic Pain Medical Treatment Guidelines does not recommend the use of Ketoprofen as a topical agent as it is not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of opioids as topical analgesics. Peer reviewed literature does not support the use of opioids as topical analgesics as there is little scientific evidence to support the efficacy and safety of these types of medications. Chronic Pain Medical Treatment Guidelines recommends that any medication that contains at least one drug or drug class that is not supported by guideline recommendations is not recommended. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the request as it is submitted does not provide a frequency of treatment or body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Gabapentin/Tramadol/Ketoprofen topical cream quantity 1 is not medically necessary or appropriate.

FLEXERIL 7.5MG TABLETS QTY 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.

Decision rationale: The requested Flexeril 7.5 mg tablets #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends that muscle relaxants be limited to short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not clearly indicate that the injured worker is experiencing an acute exacerbation of chronic pain that would benefit from the use of a muscle relaxant. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request for Flexeril 7.5 mg tablets quantity 90 is not medically necessary or appropriate.

PHYSICAL THERAPY QTY 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The requested physical therapy quantity 12 is not medically necessary or appropriate. Chronic Pain Medical Treatment Medical Guidelines recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has had physical therapy. There is no documentation that the injured worker is participating in a home exercise program. Therefore, 1 to 2 treatments of physical therapy would be appropriate to re-educate and re-establish a home exercise program; however, the requested 12 sessions would be considered excessive. Also, the request as it is submitted does not clearly define a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy quantity 12 is not medically necessary or appropriate.

PRILOSEC 20MG CAPSULES QTY 30:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs, GI Symptoms & Card.

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

Decision rationale: The requested Prilosec 20 mg capsules quantity 90 is not medically necessary or appropriate. Chronic Pain Medical Treatment Guidelines recommends ongoing use of gastrointestinal protectants is supported by documentation of risk factors that support the injured worker is at risk for developing gastrointestinal disturbances related to medication usage.

The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at continued risk for developing gastrointestinal symptoms related to medication usage. As such, the continued use of this medication would not be supported. Additionally, the request does not include a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20 mg capsules quantity 90 is not medically necessary or appropriate.