

Case Number:	CM14-0003384		
Date Assigned:	01/31/2014	Date of Injury:	01/18/2013
Decision Date:	08/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/08/2014

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 & 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 53-year-old female who reported an injury on 01/18/2013. The mechanism of injury was from repetitive motion. The previous treatments included medication and physical therapy. The diagnoses included cervical sprain/strain, right shoulder impingement syndrome, right shoulder sprain/strain, right elbow medial epicondylitis, right elbow sprain/strain, right wrist sprain/strain, right wrist carpal tunnel syndrome. Within the clinical note dated 03/23/2013, it was reported the injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her cervical spine pain 7/10 in severity. The injured worker complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands, fingers, and neck and head which she rated 6/10 in severity. The injured worker complained of constant right elbow pain with swelling, numbness and tingling into her hands and fingers. She rated her pain 6/10 in severity. The injured worker complained of right wrist and hand pain which she reported was constant with swelling, numbness and tingling and weakness into the fingers. She rated her pain 6/10 in severity. On the physical examination of the cervical spine, the provider noted tenderness to palpation over the occipital area as well as bilateral levator scapular area. The provider indicated there was tenderness as well as spasms palpated on the right upper trapezius and levator scapular area. Cervical flexion was at 30 degrees and extension at 60 degrees. Upon examination of the right shoulder, the provider noted a positive Neer's and Hawkins sign. He indicted the injured worker had full range of motion with endpoint pain. The provider indicated the right elbow examination revealed a positive Tinel's sign. Upon examination of the right wrist and hand, the provider noted there was mild tenderness palpated at the De Quervain's tendon. There was tenderness to palpation, more on the ulnar than radial aspect of the wrist. The provider requested Naproxen, Flurbiprofen, Cyclobenzaprine, Gabapentin, and Tramadol. However, a rationale was

not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen Sodium with 6 refills; 3/23/2013: 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 Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 66, 67 Page(s): 66, 67.

Decision rationale: The retrospective request for Naproxen Sodium with 6 refills on 03/23/2013 is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker had been utilizing the medication since at least 03/2013. There is lack of significant documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is non-certified.

Naproxen Sodium with 6 refills: 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 Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 66, 67 Page(s): 66-67.

Decision rationale: The retrospective request for Naproxen Sodium with 6 refills on 03/23/2013 is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand

rated 6/10 in severity. The California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker had been utilizing the medication since at least 03/2013. There is lack of significant documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is non-certified.

Retro: Flurbiprofen cream with 6 refills; 3/23/2013, 4/19/2013: 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 Topical NSAIDs, page(s) 111-112 Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for retro Flurbiprofen cream with 6 refills date of service 03/23/2013 and 04/19/2013 is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment osteoarthritis of the spine, hip or shoulder. There is lack of clinical documentation indicating the injured worker is diagnosed with or treated for osteoarthritis, or tendinitis. The request submitted failed to provide the frequency and quantity of the medication. In addition, the request does not specify a treatment site. There is lack of significant documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least 03/2013 which exceeds the guideline recommendation of short-term use for 4 to 12 weeks. Therefore, the request is non-certified.

Flurbiprofen cream with 6 refills: 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 Topical NSAIDs, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for Flurbiprofen cream with 6 refills is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment osteoarthritis of the spine, hip or shoulder. There is lack of clinical documentation indicating the injured worker is diagnosed with or treated for osteoarthritis, or tendinitis. The request submitted failed to provide the frequency and quantity of the medication. In addition, the request does not specify a treatment site. There is lack of significant documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least 03/2013 which exceeds the guideline recommendation of short-term use for 4 to 12 weeks. Therefore, the request is non-certified.

Retro: Cyclobenzaprine with 6 refills; 3/23/2013: 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 Muscle Relaxants, page(s) 63, 64 Page(s): 63, 64.

Decision rationale: The request for Cyclobenzaprine with 6 refills is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The request submitted failed to provide the frequency and quantity of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the

medication since at least 03/2013 which exceeds the guideline recommendations of short-term use of 2 to 3 weeks. Therefore, the request is non-certified.

Cyclobenzaprine with 6 refills: 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 Muscle Relaxants, page(s) 63, 64 Page(s): 63, 64.

Decision rationale: The request for Cyclobenzaprine with 6 refills is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The request submitted failed to provide the frequency and quantity of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least 03/2013 which exceeds the guideline recommendations of short-term use of 2 to 3 weeks. Therefore, the request is non-certified.

Retro: Gabapentin with 6 refills; 3/23/2013: 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 Specific Anti-epilepsy Drugs, page(s) 18 Page(s): 18.

Decision rationale: The request for Gabapentin with 6 refills on 03/23/2013 is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain

6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Gabapentin has been shown to be effective for treatment of diabetic neuropathy and post-therapeutic neuralgia and has been considered as first line treatment for neuropathic pain. There is lack of documentation indicating the injured worker had muscle weakness or numbness which would indicate neuropathy. There is lack of documentation indicating the efficacy as evidenced by significant functional improvement. There is lack of documentation indicating the frequency and quantity of the medication. The injured worker has been utilizing the medication since at least 03/2013. Therefore, the request is non-certified.

Gabapentin with 6 refills: 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 Specific Anti-epilepsy Drugs, page(s) 18 Page(s): 18.

Decision rationale: The request for Gabapentin with 6 refills is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Gabapentin has been shown to be effective for treatment of diabetic neuropathy and post-therapeutic neuralgia and has been considered as first line treatment for neuropathic pain. There is lack of documentation indicating the injured worker had muscle weakness or numbness which would indicate neuropathy. There is lack of documentation indicating the efficacy as evidenced by significant functional improvement. There is lack of documentation indicating the frequency and quantity of the medication. The injured worker has been utilizing the medication since at least 03/2013. Therefore, the request is non-certified.

Retro: Tramadol with 6 refills; 3/23/2013: 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 Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for retrospective Tramadol with 6 refills on 03/23/2013 is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The request submitted failed to provide the frequency and quantity of the medication. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit in improvement. The injured worker has been utilizing the medication since at least 03/2013. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request is non-certified.

Tramadol with 6 refills: 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 Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for Tramadol with 6 refills is non-certified. The injured worker complained of constant neck pain associated with headaches, dizziness and nausea. She rated her pain 7/10 in severity. She complained of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hands and fingers and neck. She rated her pain at 6/10 in severity. The injured worker complained of right elbow pain which she described as constant with swelling, numbness and tingling into the hand and fingers. She rated her pain 6/10 in severity. She complained of right wrist and hand pain which she described as constant with swelling, numbness and tingling into the fingers and hand rated 6/10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The request submitted failed to provide the frequency and quantity of the medication. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit in improvement. The injured worker has been utilizing the medication since at least 03/2013. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request is non-certified.

