

Case Number:	CM14-0008496		
Date Assigned:	02/12/2014	Date of Injury:	07/31/1997
Decision Date:	07/14/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 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:

This is a 64-year-old female with a 7/31/97 date of injury. She was pulling out forms from the printer when her left arm got stuck in the machine. In a progress report dated 1/10/14 the patient described pain in the cervical spine which increased with repetitive movements or prolonged positions. She also had pain continuing in both wrists which increased with repetitive use of her hands and wrists, as well as tingling, numbness, and weakness in both hands. Objective findings included effusions of the bilateral wrists and tenderness and spasm over the paravertebral musculature of the cervical spine. The diagnostic impression is of cubital tunnel of the bilateral elbows, bilateral carpal tunnel syndrome, and a herniated disc of the cervical spine. Treatment to date has included medication management and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY TEST IN 60-90 DAYS QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that urine analysis is recommended as an option to assess for the use or the presence of illegal drugs,

to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient has already had two urine drug screens performed within a 7-month period and was not noted to be high risk (i.e. aberrant behavior, inconsistent UDS). As such, the request is not medically necessary.

FEXMID (CYCLOBENZAPRINE HCL) 7.5 MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. The patient has been on this medication for an extended period of time. Additionally, there is no documentation of functional gains experienced by the patient with this medication. As such, the request is not medically necessary.

COMPOUND MED; 30 GM CYCLOBENZAPRINE 10%-TRAMADOL 10% TOPICAL CREAM QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not supported for topical use per MTUS guidelines. As such, the request is not medically necessary.