MAXIMUS Federal Services

Case Number:	CM14-0107987		
Date Assigned:	08/01/2014	Date of Injury:	08/27/2003
Decision Date:	08/29/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 8/27/03. She was diagnosed with cervical sprain/strain, bilateral wrist sprain/strain, lateral epicondylitis, injury to median nerve, left shoulder sprain/strain, left shoulder adhesive capsulitis, cervical radiculopathy. She was treated with oral and topical medications, heat and cold therapy, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, physical therapy, chiropractic care, trigger point and joint injections, and surgery (bilateral carpal tunnel releases, left shoulder rotator cuff repair). The worker used Duexis, ThermaCare patches, and compounded topical analgesic ointments to help manage her chronic pain. On 6/26/14, she was seen by her pain management physician complaining of her left shoulder, right shoulder, bilaterally arm, neck, and axillary pain, in which were relieved by her medication, heat, and ice from a pain level of 8/10 on the pain scale; recent previous reports were pain levels of 7-8/10 without medication/heat, and a 5-6/10 on the pain scale with these treatments. She also reported weakness all over and numbness of the right hand and left leg. She was then recommended to continue her regimen, including the Thermacare patches, Duexis 3 times daily, and the compounded topical analgesic. She was also recommended a trial of tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg Qty 270: 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 NSAID Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she had been using high doses of NSAIDs chronically for some time to help treat her chronic pain. MTUS Guidelines do not support ibuprofen use in this way due to its associated risk factors. Therefore, the Duexis is not medically necessary.

Thermacare Patches Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Heat therapy and Neck and Upper Back section, Heat/cold application.

Decision rationale: The MTUS ACOEM Guidelines are not specific as to whether or not heat therapy is appropriate for long-term use, but does mention it as an acceptable and essentially harmless conservative method to treat acute low back pain, or any other muscle pain (typically up to 2 weeks). The ODG recommends heat therapy as an option for neck, upper back, and low back pain, as it has been shown to reduce pain (although small and short-term) and increase function, especially when used during exercise for recovery from musculoskeletal injuries. However, for this treatment method to be justified for continuation, the patient needs to exhibit or report improvements in function and pain-relief attributable to its use. Unfortunately, the documentation provided for review did not include any functional assessment in relation to the ThermaCare use. Therefore, without this evidence of functional benefit, the Thermacare is not medically necessary.

Tizanidine 2mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time and prolonged use may lead to dependence. The worker in this case did not seem to be reporting any acute worsening of her pain to warrant a short course of a muscle relaxant. Also, the number of pills of tizanidine requested would have provided the worker treatment for much longer than a typical short course of use of a muscle relaxant. Therefore, the tizanidine is not medically necessary.