

Case Number:	CM14-0108083		
Date Assigned:	08/01/2014	Date of Injury:	02/05/2004
Decision Date:	10/10/2014	UR Denial Date:	07/01/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 68-year-old female was reportedly injured on 2/5/2004. The most recent progress note, dated 4/29/2014, indicated that there were ongoing complaints of chronic neck and bilateral hands/wrists pains. The physical examination demonstrated cervical spine had positive spasm and decreased range of motion with pain. There was positive tenderness to palpation of the cervical facets, a well healed surgical incision anteriorly. A C5 distribution radicular pain was noted in the right upper extremity. Bilateral hands/wrists revealed surgical incision bilaterally well healed. Positive tenderness was noted to palpation at the volar and dorsal aspects of the wrist. There was decreased grip strength bilaterally. Thenar muscle wasting was noted on the left. Positive Phalen's test and positive Tinel's test. No recent diagnostic studies are available for review. Previous treatment included cervical fusion, physical therapy, TENS unit, medications, and conservative treatment. A request had been made for Anaprox 550 mg #60, Prilosec 20 mg #90, Flexeril 10 mg #90, and TENS unit and was not certified in the pre-authorization process on 7/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 73.

Decision rationale: Antiinflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record, there is no reported decreased pain and increased functional activity related directly to the use of medication. Therefore, this request for Anaprox is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants like Flexeril for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

TENS (Transcutaneous electrical nerve stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

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

Decision rationale: The MTUS recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit.

Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress notes presented for review. As such, the request for purchase of a TENS unit is considered not medically necessary.