MAXIMUS Federal Services

Case Number:	CM14-0184611		
Date Assigned:	11/12/2014	Date of Injury:	09/10/1990
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 51-year-old female who reported an injury on 09/10/1990 while working as a detective for 24 years. Job duties included field duties, shooting, investigations, and follow-up, writing reports, typing up to 12 hours daily, arresting, and booking. The injured worker reported repetitive trauma. The injured worker complained of cervical pain that was agitated by repetitive movements and radiated to the upper extremities. The injured worker rated her pain as 7/10 using the VAS. Surgical history included a right shoulder surgery. The diagnoses included brachial neuritis, cubital tunnel syndrome, and carpal tunnel syndrome. The physical examination dated 09/15/2014 of the cervical spine revealed palpable paravertebral muscle tenderness with spasms and negative Spurling's maneuver. Range of motion was limited with pain and no evidence of stability on exam. The injured worker had intact circulation, and full and normal exertion of the fingers. Coordination and balance were intact. Sensation and strength were normal. The elbow revealed tenderness over the olecranon groove. Tinel's sign was positive over the cubital tunnel. Range of motion was full, but painful. There was no evidence of instability. Sensation was diminished over the ulnar digits. Inspection of the wrist/hand revealed tenderness to palpation over the volar aspect of the wrist. The injured worker had a positive palmar Compression with subsequent Phalen's maneuver. Tinel's sign was also positive over the carpal canal, with full, however painful, range of motion. There was no evidence of instability. There was diminished sensation over the radial digits. Prior treatments included physical therapy, occupational therapy, massages, and injections. Medications were not provided. The Request for Authorization, dated 11/12/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Voltaren SR 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67.

Decision rationale: The request for 120 Voltaren SR 100mg is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Diclofenac Sodium is used as a second line treatment after Acetaminophen; there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute low back pain. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus a placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than Acetaminophen for acute low back pain and that Acetaminophen has fewer side effects. Per the guidelines, it is recommended that Diclofenac is used as a second line treatment after Acetaminophen. The documentation provided did not indicate that the injured worker had taken Acetaminophen. Additionally, there was conflicting evidence that the NSAIDs were more effective than Acetaminophen for acute low back pain. The request did not indicate frequency. As such, the request is not medically necessary.

120 Omeprazole 20mg: Upheld

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

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

Decision rationale: The request for 120 Omeprazole 20mg is not medically necessary. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. The request did not indicate the frequency. As such, the request is not medically necessary.

18 Sumatriptan Succinate 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Migraine pharmaceutical treatment

Decision rationale: The request for 18 Sumatriptan Succinate 25mg is not medically necessary. The Official Disability Guidelines recommend Sumatriptan for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. The clinical notes did not indicate that the injured worker had a diagnosis of migraines or any complaints of migraine headaches. The request did not indicate a frequency. As such, the request is not medically necessary.

120 Cyclobenzaprine 7.5mg: Upheld

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

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

Decision rationale: The request for 120 Cyclobenzaprine 7.5mg is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine is an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The request for 120 Cyclobenzaprine tablets exceeds the guideline recommendation of short-term therapy. The provided medical records lack documentation of significant objective functional improvement with the medication. The clinical notes did not provide the efficacy of the medication. The documentation indicates that the injured worker was taking the Cyclobenzaprine 10/22/2012. Additionally, the request did not address the frequency. As such, the request is not medically necessary.