

Case Number:	CM14-0021366		
Date Assigned:	05/07/2014	Date of Injury:	03/06/2011
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 Texas. 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 56-year-old who is reported to have sustained work related injuries on March 6, 2011. According to the submitted clinical record, the injured worker had a work injury in 1995. She is reported to have been working on a ladder painting a ceiling when she lost her balance and fell, hitting her low back on a sink and then subsequently falling to the concrete slab below. As a result, she underwent a laminectomy and spinal fusion in 2002. She was able to return to work following the injury but continued to have difficulty with her low back. She is noted to have undergone a two-level fusion. She reports having three epidural steroid injections. On March 6, 2011, a metal gate came off a truck and fell onto her knocking her to the ground at which time she injured her neck, left wrist, and left shoulder and aggravated her low back. She was subsequently diagnosed with DeQuervain's tenosynovitis which required surgery of the left wrist. She subsequently has had chronic low back and cervical pain. The records indicate that she has been maintained on oral medications. According to a clinical note dated April 2, 2014, the injured worker reports her pain levels as being 8/10 and 6/10 with medications. Her current medications on this date are reported to be Protonix 20mg, Anaprox DS 550mg, and Norco 10/325mg. She is noted to be in mild distress and moderate pain. Her cervical range of motion is reduced in all planes. There is moderate tenderness along the left cervical paraspinal muscles. Spurling's maneuver is moderately positive on the left at C5, bilaterally at C6, and bilaterally at C7. She is noted to have positive facet loading maneuvers at C4-5, C5-6, and C6-7. Hoffman's sign is reported to be positive for severe left upper limb hyperreflexia. Examination of the lumbar spine reveals moderate tenderness at L5-S1 along the midline which is aggravated with extension. Sensory examination reveals diminished sensation with dysesthesias, hyperpathia, and paresthesias along the left C5, bilateral C6, and bilateral C7 nerve root distributions. There is mild weakness on elbow flexion and extension on the right side, elbow flexion of the left side,

left side knee flexion of the right side. Reflexes are graded as 4/4 in the bilateral patella and left Achilles. The record includes a urine drug screen dated August 26, 2013. This document is negative for all prescribed medications. The record includes a utilization review determination dated January 10, 2014 in which requests for Zyrtec 10mg #30 and Cyclobenzaprine 7.5mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZYRTEC 10MG QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nim.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician's Desk Reference: Zyrtec.

Decision rationale: It would appear from the clinician's notes that this was being prescribed to reduce inflammation and swelling. Zyrtec is an antihistamine meant for the treatment of allergies. The record provides no data to establish that Zyrtec has resulted in any substantive improvement in the injured worker's conditions. The request for Zyrtec 10mg, thirty count, is not medically necessary or appropriate.

CYCLOBENZAPRINE HCL 7.5 QTY 60: Upheld

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

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

Decision rationale: The submitted clinical records indicate that the injured worker has chronic cervical and lumbar pain. The most recent physical examination suggests that the injured worker is myelopathic. The record does not provide any data establishing the presence of either cervical or lumbar myospasm for which this medication would be indicated. It would further be noted that the Chronic Pain Medical Treatment Guidelines do not support the use of muscle relaxants in the treatment of chronic pain. The request for Cyclobenzaprine HCL 7.5, sixty count, is not medically necessary or appropriate.