

Case Number:	CM14-0023525		
Date Assigned:	05/07/2014	Date of Injury:	03/05/1998
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery 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 58 year old male who sustained an injury on 02/05/98. No specific mechanism of injury was noted, rather the injury was due to cumulative use of a breaker bar. Following the date of injury, the injured worker had other specific injuries to include a fall of 6 feet into a trench injuring the left shoulder and right knee. The injured worker has been followed by [REDACTED] for pain management regarding bilateral shoulder pain and pain in the bilateral wrists, left worse than right. Per [REDACTED] 10/07/13 evaluation, a different mechanism of injury was reported where the injured worker tripped and fell forward into a hole. The injured worker is noted to have had multiple surgical procedures to both shoulders and wrists in 2002 through 2006. The injured worker also underwent additional surgery in the bilateral shoulders in 2007. Pain scores were at 6/10 on the VAS. Medications at this evaluation included Norco 3-4 tablets a day as well as Ambien for sleep. The injured worker was utilizing Lisinopril for blood pressure. On physical examination, the injured worker's blood pressure was slightly elevated at 151/88. There was noted tenderness to palpation and guarding in the cervical paraspinal musculature. Range of motion was somewhat restricted in the cervical spine. There was tenderness to palpation in the bilateral shoulders as well as the bilateral wrists. There was loss of range of motion in both the shoulders and the wrists. Further injections were discussed for the right shoulder. It did appear that the injured worker was being considered for further surgical intervention. Norco and Ambien were continued at this evaluation. It appears that laboratory studies were pending for the injured worker. Follow up with [REDACTED] on 11/11/13 noted the injured worker did recently have a lumbar surgery performed in November of 2013. The injured worker described pain in the low back as well as pain in the cervical spine, bilateral shoulders, and bilateral wrists. Physical examination continued to note limited range of motion in the bilateral shoulders with positive impingement signs. Norco and Ambien were continued at this

visit. Follow up with [REDACTED] on 01/27/14 noted continuing loss of range of motion in the bilateral shoulders with positive impingement signs. The injured worker was reported to be stable with the use of Norco. Both Norco and Ambien were continued at this evaluation. The injured worker did receive a right subacromial injection at this evaluation. The injured worker continued to be recommended for a reexploration of the left carpal tunnel with excision of previous scar tissue through April of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE (FEXMID) 7.MG # 90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HAND, WRIST AND FOREARM DISORDERS, ANTI SPASMODICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Cyclobenzaprine 7.5mg, quantity 90 with 1 refill, the clinical records did not identify any specific findings regarding ongoing muscular spasms to support the use of a muscle relaxer. There was no clear evidence that Cyclobenzaprine was being prescribed to the injured worker. [REDACTED] pain management reports only noted the ongoing use of Ambien and Norco for pain. Therefore, given the absence of any clinical indications for the use of Cyclobenzaprine and as it is unclear what the rationale was for the use of Cyclobenzaprine, this medication is not medically necessary and appropriate.

OMEPRAZOLE DR (PRILOSEC) 20MG #39 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Therefore, given the lack of any clinical indication for the use of a proton pump inhibitor the request for Omeprazole DR (Prilosec) 20mg with 1 refill is not medically necessary and appropriate.

VENLAFAXIN ER 37.5MG #30 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HAND, WRIST AND FOREARM DISORDERS, SPECIFIC ANTIDEPRESSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: In a review of the prior denial from 02/11/14, this medication was recommended as medically appropriate. This was due to the injured worker's persistent neuropathic symptoms in the bilateral upper extremities secondary to carpal tunnel syndrome. Venlafaxine is an SNRI which is a recommended 1st line medication to address both chronic musculoskeletal complaints as well as neuropathic pain. Therefore, given the indications for the use of an SNRI in this case, the request for Venlafaxin ER 37.5mg #30 with 1 refill is medically necessary and appropriate.