

<b>Case Number:</b>	CM14-0033422		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 51 year-old individual was reportedly injured on September 1, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 11, 2014 indicates that there are ongoing complaints of neck pain, bilateral shoulder and wrist pain. The physical examination demonstrated tenderness to palpation of the cervical spine musculature, muscle spasms, increased discomfort with Spurling's maneuver and compression testing. A dysesthesia is noted in the C5, C6 & C7 dermatomes. The shoulder range of motion remains decreased in a positive Hawkins sign is reported bilaterally. There is tenderness over the dorsal aspect of both wrists. A, compression test is noted to be positive as his Phelan's maneuver. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications, pain control maneuvers, surgical interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg Quantity 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 66 & 73 OF 127.

**Decision rationale:** The progress notes indicate muscle spasm and tenderness to palpation of the cervical spine, no significant change in the physical examination of the shoulders, and a positive impingement sign. There is no narrative presented that this medication has had any efficacy or utility in terms of increasing functionality, resolving the symptoms or improving the overall clinical situation. Therefore, while noting that this is the recommended option, there is no established relief as such the medical necessity for the ongoing use has not been established.

**Cyclobenzabrine Hydrochloride 7.5mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedures.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

**Decision rationale:** The records indicate a long-term use of this medication. Physical examination clearly indicates ongoing muscle spasm as such the efficacy of this medication has not been established. As outlined in the MTUS, this medication is indicated for short-term alone. There is no clinical indication for indefinite, chronic or routine uses medication. Therefore, based on the limited clinical information presented for review the medical necessity of this medication has not been presented.

**Sumatriptan Succinate 25 mg #9 times 2 Quantity 18:** 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 Procedure Summary.

**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, updated August, 2014.

**Decision rationale:** This medication belongs to the triptan class of medications used to treat migraine headaches. The progress notes indicate neck pain, bilateral shoulder and bilateral wrist pain. There is no narrative suggesting that there is a migraine headache clinical situation. Therefore, when considering the date of injury, the most current complaints offered by the injured worker tempered by the physical examination reported, there is no clinical indication or medical necessity established for the use of this preparation.

**Onadansetron ODT 8 mg #30 x 2 Quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

**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 updated July, 2014.

**Decision rationale:** This medication is approved for the treatment of nausea and vomiting secondary to chemotherapy, radiation therapies or postoperatively. Based on the progress notes presented for review there are no complaints of nausea, vomiting or Gastro intestinal distress. Therefore, there is no clinical indication establishing the medical necessity of this medication.

**Omeprazole Delayed Release capsules 20 mg Quantity 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 OF 127.

**Decision rationale:** As noted in the guidelines, this is a proton pump inhibitor useful in the treatment of gastroesophageal reflux disease. However, it should be noted in any of the progress of the last several months there were no complaints of gastritis, gastroesophageal reflux disease, or the need for a gastric protectant. Given that there are no symptoms, physical examination findings reported, there is no clinical indication for the continued use of this preparation. As such, medical necessity is not established.

**Terocin Patch Quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 OF 127.

**Decision rationale:** This is a topical medication containing methyl salicylate, capsaicin, menthol and lidocaine. The pain complaints involve the paravertebral musculature of the cervical region the spine, the bilateral shoulders and wrist. There is no notation or objectification of a nerve root compression or neuropathic pain generator. As such, there is no clinical indication for the use of lidocaine. Therefore, when noting that the MTUS guidelines establishes if one component of a combination preparation is not indicated the entire preparation is not indicated. The medical necessity for this has not been established.