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| <b>Case Number:</b>   | CM14-0034713 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 06/17/2011 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 03/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2014 |

### 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 Occupational Medicine, 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 patient is a 58 year old female, DOI 6/17/11. She reported a cumulative injury and has subsequently developed chronic cervical and upper extremity pain. She has been treated with several courses of physical therapy, acupuncture, numerous injections and oral analgesics. Recent electrodiagnostics are consistent with a R mild CTS. There was a recent exacerbation due to a reported fall. A recent QME evaluation considered her permanent and stationary, and suggested that care should be conservative and include mild analgesics. Physical exam findings do not report any significant component of muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FDA Package Insert.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 65.

**Decision rationale:** MTUS Guidelines do not recommend the long term use of muscle relaxants. For spinal pain the Guidelines note that there is no pain relief in addition to NSAID's. Exam findings do not reveal any component of long term and/or severe muscle spasm. There is

inadequate evidence to support an exception to the Guideline recommendations. The long term muscle relaxant is not medically necessary.

**Naproxen Sodium 55mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drug (NSAID).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The UR denial was based on the interpretation that the flare-up from the fall should be back to base line and subsequently the Naproxen was no longer needed. The base line prior to the fall qualified for long term NSAID use and conditions listed involve an inflammatory component generating pain there is reported benefits. Unless side effects develop or the benefits stop, the use of anti-inflammatory medication appears medically necessary.

**Physical Therapy 3 times a week for 4 weeks to treat the bilateral upper extremities, shoulders and neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The extent of physical therapy (12 sessions) is significantly greater than what the guidelines recommend. The patient has had physical therapy previously. For initial therapy of chronic myofascial pain MTUS guidelines recommend 8-10 sessions. This request is for secondary therapy and it is reasonable to conclude that the number of sessions medically necessary would be substantially less than the amount requested for an initial course of therapy.