

<b>Case Number:</b>	CM14-0048967		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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, has a subspecialty in Pain Medicine 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 47-year-old female with a reported injury on 05/26/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/03/2014 reported that the injured worker complained of bilateral upper extremity pain described as burning, numbness and tingling. The physical assessment of the cervical spine revealed abnormal reversal of cervical lordosis and tenderness to palpation over the paraspinal muscles overlying the facet joints bilaterally. It was reported that the injured worker had a positive Phalen's and Tinel's sign to the right. The injured worker's prescribed medication list included Celebrex, cyclobenzaprine, Omeprazole, Sumatriptan, and Voltaren. The injured worker's diagnoses included carpal tunnel syndrome. The provider requested cyclobenzaprine, Voltaren, Benadryl (oral), Benadryl (topical), and internal medicine referral; the rationales were not provided within the clinical notes. The request for authorization was submitted on 03/26/2014. The injured worker's prior treatments included psychology sessions, physical therapy, and massage therapy. It was reported that the injured worker voiced depression and poor sleep due to her pain. The amount of sessions of massage therapy and physical therapy were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The request for cyclobenzaprine 10 mg quantity 30 is not medically necessary. The injured worker complained of bilateral upper extremity pain. The treating physician's rationale for cyclobenzaprine was not provided within the clinical notes. The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of cyclobenzaprine as evidenced by decreased pain, decreased muscle spasms, and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted report. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used cyclobenzaprine, the guidelines recommend cyclobenzaprine as a short course of therapy. Furthermore, the request provided did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.

**Vlotaren 1% topical gel 100gm #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The request for Voltaren 1% topical gel 100 g quantity 2 is not medically necessary. The injured worker complained of bilateral upper extremity pain. The treating physician's rationale for Voltaren was not provided within the clinical notes. The CA MTUS guidelines for topical non-steroidal anti-inflammatory drugs (NSAIDs) state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Also, the treatment on neuropathic pain is not recommended. There is a lack of clinical information provided documenting the efficacy of Voltaren as evidenced by the decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency or the application location of the medication being requested. Therefore, the request is not medically necessary.

**Benadryl Itch Stopping 1%-0.1%28.3gm topical cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Alternative reference, National Guidelines, Clearing House.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

**Decision rationale:** The request for Benadryl itch stopping 1%-0.1% 28.3 g topical cream is non-certified. The injured worker complained of bilateral upper extremity pain. The treating physician's rationale for topical Benadryl was not provided within the clinical notes. The CA MTUS guidelines recognize Diphenhydramine (Benadryl) as similar to orphenadrine, with anticholinergic effects. The Official Disability Guidelines state Benadryl/ Diphenhydramine has been shown to build tolerance against its sedation effectiveness very quickly, with placebo-like results after a third day of use. There is a lack of clinical information indicating that the injured worker has signs or symptoms of allergic reactions. It is noted that the injured worker complained of difficulty sleeping. There is a lack of clinical information provided documenting the efficacy of Benadryl as evidenced by decreased insomnia, increased sleep hygiene, and/or decreased allergic reactions. Moreover, it cannot be determined if the topical Benadryl is an ongoing prescription or the initiation of therapy. Furthermore, the requesting provider did not specify the utilization frequency or the application location of the medication being requested. As such, the request is non-certified.

**Internal Medicine Referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 387 - 397.

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

**Decision rationale:** The request for an internal medicine referral is not medically necessary. The injured worker complained of bilateral upper extremity pain. The treating physician's rationale for internal medicine referral was not provided within the clinical notes. The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is a lack of clinical information indicating the treating physician's rationale for an internal medicine referral. There is a lack of clinical evidence indicating that the injured worker's pain was unresolved with medication therapy and treatment prescribed by the treating physician. Given the information provided, there is insufficient evidence to determine appropriateness of internal medicine referral to warrant medical necessity; as such, the request is not medically necessary.