MAXIMUS Federal Services

Case Number:	CM14-0058761		
Date Assigned:	07/09/2014	Date of Injury:	07/02/2009
Decision Date:	09/03/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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 injured worker is a 31 year-old female, who sustained an injury on July 2, 2009. The mechanism of injury occurred due to repetitive motion. Diagnostics have included a cervical spine MRI which showed C4-6 degenerative disease disease; an electromyography (EMG) showing right-sided cubital tunnel syndrome; and a urine drug screen which was negative for Hydrocodone. Treatments have included ulnar nerve release, medications, physical therapy, and bracing. The current diagnoses are right-sided thoracic outlet syndrome, and ulnar neuritis. Per the report dated February 20, 2014, the treating physician noted complaints of neck pain radiating to the right upper extremity, and headaches. The injured worker completed a functional restoration program. Per an April 25, 2014 appeal report, the treating physician noted complaints of right upper extremity pain, including the right elbow and right hand, as well as the left elbow, and intermittent flare-ups. The injured worker also complains of headaches associated with photophobia, phono phobia and nausea. Exam findings included cervical tenderness, normal cervical range of motion, and reduced right grip strength. The treating physician also noted the following: Tylenol and Ibuprofen are used for musculoskeletal pain and an exacerbation/flare-up of her pain, as well for headaches; Norflex is used with benefit for muscle spasm flare-ups; Norco is used for pain relief with overall functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg # 90 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The treating physician has not documented the medical necessity for two concurrent anti-inflammatory medications (Tylenol and Ibuprofen), nor objective evidence of derived functional improvement. The criteria noted above not having been met. As such, the request is not medically necessary.

Tylenol EX- strength 500 mg # 60 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has right upper extremity pain, including the right elbow and right hand, as well as the left elbow and she gets intermittent flare-ups. The injured worker also complains of headaches associated with photophobia, phono phobia and nausea. The treating physician also noted the following: Tylenol and Ibuprofen are used for musculoskelatal pain and an exacerbation/flare-up of pain as well as for headaches with some benefit from their use. The criteria noted above having been met, the request is medically necessary.

Hydrocodonebit/APAP 10/325 # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: MTUS Guidelines recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has not documented visual analogue scale (VAS) pain ratings with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions, or a decreased reliance on medical intervention. The criteria noted above not having been met, the request is not medically necessary.

Orphenadrine-Norflex ER 100 mg # 90: 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: MTUS Guidelines do not recommend muscle relaxants as more efficacious than NSAIDs, and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has not documented the duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, the request is not medically necessary.