MAXIMUS Federal Services

Case Number:	CM14-0063760		
Date Assigned:	07/11/2014	Date of Injury:	02/24/2010
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/06/2014

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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 52 year-old female who sustained a cumulative trauma work injury with date of injury of 02/24/10 while working as a custodian. Treatments have included physical therapy, medications, and injections. She underwent right shoulder arthroscopy in December 2010 and a right carpal tunnel release in July 2013. Treatments have included postoperative physical therapy. She continues to be treated for ongoing wrist and hand pain, right medial and lateral epicondylitis, mild right cubital tunnel syndrome, and a left shoulder sprain/strain. She was seen for an internal medicine consultation on 05/08/12. Diagnoses were hypertension and possible obstructive sleep apnea. She was seen by the requesting provider on 11/21/13 with ongoing radiating elbow pain with numbness and tingling and pain and swelling of the 1st carpometacarpal joint. There was elbow tenderness with positive Tinel and Cozen tests, tenderness over the dorsal wrist with a positive Finkelstein test, and a positive right thumb grind test. Medications prescribed were Norco, Colace, Flexeril, and Prilosec. On 03/10/14 she had increasing wrist pain, stiffness, and weakness. She was having daily moderate neck pain with stiffness and muscle spasms. She was having ongoing right elbow pain and there had been a flare-up of right hand pain. She was having occasional constipation and had complaints of distress and anxiety with depression. Pain was rated at 6-9/10. Medications are referenced as enabling her to perform ADLs with improved participation in therapeutic activities. Norco 10/325 mg #120, Relafen 500 mg #60, and Prilosec 20 mg #30 were being prescribed. She was continued at temporary total disability. A home exercise program was to be continued. On 04/15/14 she had complaints of swelling of her right elbow and difficulty straightening her arm. She was having increasing right shoulder pain when walking and reported a 15 minute walking tolerance. Pain was radiating from the neck to the shoulder and then to the mid back. Physical

examination findings included trapezius and interscapular tenderness and positive cervical compression testing. There was tenderness over the supraspinatus and biceps tendons with decreased range of motion and tenderness over the right elbow. Cozens test was positive. She was continued at temporary total disability. She was to continue with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for wrist and hand pain, right medial and lateral epicondylitis, mild right cubital tunnel syndrome, and a left shoulder sprain/strain. She has not returned to work and reports ongoing moderate to severe pain. In terms of Norco, it is a short acting combination opioid typically used for breakthrough pain. It can be recommended for the treatment of neuropathic pain that has not responded to first-line recommendations such as antidepressants or anticonvulsants. Criteria for the continuation of opioid medication include returned to work or improved functioning and pain. In this case, the claimant has not returned to work and continues to have moderate to severe pain. Therefore continuing to prescribe Norco was not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for wrist and hand pain, right medial and lateral epicondylitis, mild right cubital tunnel syndrome, and a left shoulder sprain/strain. She has symptoms of elbow swelling treated with Relafen at a dose of 500 mg two times per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is taking a nonselective non-steroidal anti-inflammatory medication at the recommended dose. Guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed. Therefore, the request is not medically necessary.

Cyclobenzaprine HCL 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for wrist and hand pain, right medial and lateral epicondylitis, mild right cubital tunnel syndrome, and a left shoulder sprain/strain. She has complaints of neck muscle spasms without identified acute injury or recent exacerbation. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there is no identified new injury or acute exacerbation and when prescribed there were no complaints or physical examination findings of muscle spasms. Therefore, the request is not medically necessary.