MAXIMUS Federal Services

Case Number:	CM14-0064016		
Date Assigned:	08/08/2014	Date of Injury:	06/03/2010
Decision Date:	09/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 sustained a work injury on 06/03/10 while working as a lead dispatcher. She continues to be treated for neck and left upper extremity pain. She was seen by the requesting provider on 10/29/13 with a flare up of pain beginning approximately one week earlier attributed to work activities. She was having difficulty relaxing her left upper extremity and had shooting pain extending into her arm. She had tried rest, hot packs, and Aspercreme. She had been seen at another facility and prescribed Norco, Flexeril, and cortisone and placed at temporary total disability. Medications also included diclofenac and Prilosec. Physical examination findings included left greater than right-sided cervical paraspinal and upper trapezius muscle tenderness with spasms. The Bakody sign was positive with relief of left upper extremity radicular symptoms. Axial compression and shoulder depression testing reproduced radicular symptoms. There was decreased cervical spine range of motion and neck pain with left sided rotation. With flexion, extension, and left side bending there was also reproduction of left upper extremity radicular symptoms. There was left shoulder tenderness with positive impingement testing and decreased range of motion. She had medial and lateral epicondylar tenderness and tenderness over the wrists extensors. Cozen and reverse Cozen testing was positive and there was a positive Tinel's at the cubital tunnel extending to the fourth and fifth digits. There was normal strength and sensation. Diagnoses were a cervical spine strain/sprain with increased radicular symptoms, a left shoulder sprain/strain with impingement and tendinitis and increased symptoms, and left medial and lateral epicondylitis with increased symptoms and possible cubital tunnel syndrome. Chiropractic care to include manipulation and traction was recommended. Norco 10/325 mg was prescribed. An MRI of the cervical spine and authorization for EMG/NCS testing were requested. She was continued at temporary total disability.On 01/09/14 her left upper extremity

symptoms were unchanged.. As of 02/18/14 there had been a 60% improvement with 100% pain relief of the left upper extremity radicular symptoms after six chiropractic treatments; four had included traction. She had improved activities of daily living including light housekeeping. Her symptoms however had been re aggravated the week before with ordinary activities and she was having ongoing left upper extremity radicular symptoms. Physical examination findings included left greater than right upper trapezius muscle spasm and tenderness with decreased cervical spine range of motion. There was positive compression testing. and she had decreased left first, second, fourth, and fifth digit sensation. Medications were continued.On 03/28/14 she was having ongoing neck pain with stiffness and muscle spasms. There was decreased cervical spine and shoulder range of motion. There were multiple trigger points. Authorization for trigger point injections was requested. She was continued at temporary total disability. On 05/05/14 she had returned to work for one month without exacerbation. She was having ongoing bilateral upper trapezius pain and left upper extremity numbness and tingling and was occasionally dropping objects. Authorization for trigger point injections had been denied. Physical examination findings included left greater than right sided upper trapezius and scapular muscle trigger points with decreased left upper extremity strength and sensation. Left upper extremity reflexes were decreased compared with the right. There was decreased cervical spine range of motion and reproduction of radicular symptoms with axial compression. She had not yet received a home traction unit. There was consideration of referral for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the C - spine (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant is more than 4 years status post work-related injury with a flare of symptoms beginning in October 2013. Her providers document findings consistent with cervical radiculopathy with positive neural tension and neural release signs, left upper extremity weakness, decreased sensation, and decreased reflexes, with response to treatments including cervical traction also consistent with this diagnosis. Applicable criteria for obtaining an MRI of the cervical spine include neck pain with radiculopathy, if severe, or the presence of progressive neurologic deficit.In this case, the claimant improved with cervical traction and a home cervical traction unit has been requested and would be appropriate and likely also effective. The claimant's symptoms are responding to conservative treatment and there is no progressive neurologic deficit. She has returned to work without increase in symptoms. A cervical spine MRI is not medically necessary.

Flexmid 7.5 mg #60: 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): 41 ,63.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for neck and left upper extremity pain. Her providers document findings consistent with cervical radiculopathy and of upper trapezius muscle spasms since a flare of symptoms beginning in October 2013.In terms of Flexmid (cyclobenzaprine), it 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, Flexmid was prescribed for chronic muscle spasms with no identified new injury and was being prescribed on a long-term basis. It was therefore not medically necessary.