

Case Number:	CM14-0076089		
Date Assigned:	07/16/2014	Date of Injury:	05/30/2012
Decision Date:	09/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/23/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old individual was reportedly injured on 5/30/2012. The mechanism of injury is not listed. The most recent progress note, dated 6/4/2014. Indicates that there are ongoing complaints of neck pain. The physical examination demonstrated right shoulder: decreased abduction, and flexion both with pain. Right wrist: positive tendon sheath swelling, positive tenderness to palpation, positive Finkelstein's, decreased flexion and extension with pain. Decreased radial bending and ulnar bending with pain. Left upper extremity: left wrist positive swelling and tendon sheath with tenderness to palpation, positive Finkelstein's, decreased flexion, extension, radial/ulnar bending all movements performed with pain. Diagnostic imaging studies include an EMG of bilateral upper extremities on 2/10/2014 which revealed mild chronic compression of the left over nerve at the elbow. Previous treatment includes physical therapy, chiropractic care, injection, and medication. A request had been made for MRI cervical spine, Duexis 800/26.6 mg #90, Flexeril 10 mg #30, and was not certified in the pre-authorization process on 4/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: ACOEM treatment guidelines support and MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records fails to report radiculopathy on physical exam. As such, the request is not considered medically necessary.

Duexis 800/26.6mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s):): Page 22 of 127.

Decision rationale: Duexis is a combination of Ibuprofen and Famantidine which is a medication to treat pain caused by arthritis and people who might have stomach problem caused by pain medications. This medicine is a combination of a nonsteroidal anti-inflammatory and an H2-blocker that helps protect against ulcers in your stomach or intestines. After review the medical records provided there is no documentation of gastroesophageal distress symptoms or significant risk factors. Therefore the continued use of this medication is deemed not medically necessary.

Flexeril 10mg #30: 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, 64 OF 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.