

Case Number:	CM14-0082047		
Date Assigned:	07/21/2014	Date of Injury:	01/19/2010
Decision Date:	12/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/04/2014

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 Family 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:

This is a 60 year old female patient who sustained a work related injury on 1/19/2010. Patient sustained the injury when she fell on the bus while buying groceries for her client. The current diagnoses include post-surgical States, left hand pain and Carpal Tunnel, Anemia, adjustment disorder with anxiety and depressed mood due to chronic pain secondary to industrially related traumatic injuries, and complex regional pain syndrome of the left upper extremity. Per the doctor's note dated 6/13/2014, patient has complaints of continued, intermittent pain with weakness in her left hand and wrist, along with numbness, tingling and stiffness in the fingers of the left hand at 6/10 that worsens with activities of daily living (ADL) and repetitive job duties and pain was relieved by rest, physical therapy (PT) and medication. All follow up visits with treating physicians record continued complaints of constant and significant pain with swelling and tingling in her left hand and wrist, as well as the inability to make a fist with her left hand and wrist, resulting in descriptions of multiple contractures with swelling of the fingers, mild discoloration and the inability to use her dominant left hand. The patient has had a left hand deformity secondary to finger flexion contracture and muscle atrophy. Physical examination revealed tenderness on palpation, muscle weakness, limited range of motion. The current medication lists include Aspirin, Flexeril, Naproxen, Omeprazole, Hydrocodone, Zolpidem and Tylenol. The patient has had MRI scans were obtained on 4/18/12 that revealed Flexion deformity of IP joints of 4th and 5th digits; Electro-Neurodiagnostic nerve conduction and SSEP study of the upper extremities on 3/19/12 that was normal; Electro-Neurodiagnostic electromyography study report of the cervical spine and upper extremities on 3/19/12 that revealed normal electromyography study; MRI Brain that revealed infero lateral displacement of right trigeminal nerve at the root entry zone by avascular loop of the right superior cerebellar artery. The patient's surgical history includes left hand surgery on 2/13/13. She has had a urine

drug toxicology report on 7/16/14. The treatment received include hot packs, massage, electrical muscle stimulation, Matrix, ultrasound, therapeutic rehabilitation, chiropractic manipulation, acupuncture and pain management; oral and topical medications for pain and inflammation and a psychological evaluation for depression. The patient has received an unspecified number of the PT and chiropractic visits for this injury. Also it is noted that she had reached maximum medical improvement and should be considered permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (Prilosec) 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided the records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole (Prilosec) 20mg #60 is not fully established in this patient.

Condrolite 500/200/150mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Condrolite is a Medical Nutritional Supplement consisting of a combination of Glucosamine sulfate 500mg, Chondroitin sulfate 200mg, and MSM. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis... The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall;

however, these may be effective in combination for patients with moderate-to-severe knee pain....Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues."Therefore there is no high grade scientific evidence to support the use of Condrolite for this patient. Any evidence of osteoarthritis was not specified in the records provided. Any X-ray report was also not specified in the records provided. In addition response to prior use of Condrolite was not specified in the records provided. The medical necessity of the request for Condrolite 500/200/150mg QTY: 90.00is not fully established in this patient.

Cyclobenzaprine 7.5 mg QTY: 60.00: Upheld

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

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

Decision rationale: Cyclobenzaprine is a muscle relaxant. Regarding the use of skeletal muscle relaxant CA MTUS guidelines cited below state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence."Cyclobenzaprine is recommended for a short course of treatment for back pain. Patient had sustained a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided.The rationale for the use of a muscle relaxant for a wrist/ hand injury is not specified in the records provided.Furthermore as per cited guideline skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement.The patient has also been prescribed Zolpidem which also has sedating properties. The rationale for the use of cyclobenzaprine in addition to these sedating medications is not specified in the records provided. The effect of this medication along with the cyclobenzaprine on the patient's alertness is not specified in the records provided. Therefore it is deemed that, this patient does not meet criteria for ongoing continued use of Cyclobenzaprine 7.5 mg QTY: 60.00 the medical necessity of Cyclobenzaprine 7.5 mg QTY: 60.00is not established for this patient.