

Case Number:	CM14-0195973		
Date Assigned:	12/03/2014	Date of Injury:	03/11/2013
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 sustained a repetitive gripping, lifting, and manipulating work related injury on March 11, 2013, with complaints of pain and swelling in both wrists and hands that radiated up the arm. An initial consultation by a hand surgeon on July 17, 2014, noted the injured worker with pain, swelling, and stiffness of the wrists and hands, with frequent numbness of the hands which awakens at night. Physical examination was noted to show slight swelling over the dorsoradial aspect of both wrists with pain at the extremes of motion. The diagnoses were noted to be bilateral wrists extensor tenosynovitis, bilateral carpal tunnel syndrome, and bilateral forearm tendinitis. A MRI of the right wrist on August 21, 2014, noted marked tenosynovitis of the second, third, fourth, and sixth dorsal compartments, moderate tenosynovitis of the flexor tendons, mild focal tendinosis and possible component of interstitial tear involving the extensor carpi ulnaria, with minimal effusion at the distal radicular joint. A Primary Treating Physician's request for treatment dated October 24, 2014, noted the injured worker with 7/10 right wrist pain, 6/10 left wrist pain, and 6/10 right shoulder pain with the diagnoses of right shoulder impingement, bilateral wrist extensor tenosynovitis, and bilateral upper extremity compression neuropathy. The Physician noted the injured worker had been approved for right wrist surgery. The Physician requested retrospective authorization of Cyclobenzaprine 7.5mg one tab three times a day as needed for spasms #90, Naproxen 550mg one tab twice a day #90, and Pantoprazole 20mg one tab three times a day #60. On November 6, 2014, Utilization Review evaluated the request for retrospective authorization of Cyclobenzaprine 7.5mg one tab three times a day as needed for spasms #90, Naproxen 550mg one tab twice a day #90, and Pantoprazole 20mg one tab three times a day #60, citing MTUS American College of Occupational and Environmental Medicine (ACOEM) Shoulder Complaints and Forearm, Wrist,

and Hand Complaints, and the Chronic Pain Medical Treatment Guidelines. The UR Physician noted the injured worker had been treated with medications, physical therapy, a wrist brace, TENS, and subacromial space injection. The UR Physician noted the Pantoprazole was certified, however the Naproxen was not medically necessary as there was no clear documentation of how long the injured worker had been taking, as long term use is not warranted. The UR Physician noted that there was no documentation on how long the injured worker had been taking the Cyclobenzaprine, as it is not recommended to be used longer than two to three weeks, and the medical necessity had not been established. To allow a period of weaning the Cyclobenzaprine 7.5mg was partially certified for #45. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 tab BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

Decision rationale: aproxen (Naprosyn): delayed release (EC-), as Sodium salt (Anaprox, Anaprox DS, And Aleve) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of Naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or Naproxyn: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (Total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higher analgesia is required). Pain: Naprosyn or Naproxyn: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. Anaprox: 275-550 mg by mouth twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Extended-release Naprelan: Not recommended due to delay in absorption. There is no documentation of the rationale behind using Naproxen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify

continuous use of Naproxen. There is no documentation of pain and functional improvement of previous use of Naproxen. Therefore, the request for Naproxen 550mg 1 tab BID #90 is not medically necessary.

Cyclobenzaprine 7.5mg 1 tab TID pm spasm #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was previously used without clear documentation of efficacy. Therefore, the request for Cyclobenzaprine 7.5mg 1 tab TID pm spasm #90 is not medically necessary.