

Case Number:	CM14-0209107		
Date Assigned:	12/22/2014	Date of Injury:	01/11/2011
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal 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:

The injured worker (IW) is a 53-year-old woman with a date of injury of January 11, 2011. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are bilateral trigger thumb; bilateral DeQuervain's tenosynovitis; history of carpal tunnel syndrome, bilaterally; aggravation of the bilateral DeQuervain's syndrome; and cervical disc herniation at C5-C6 with severe right neural foraminal stenosis. Pursuant to the progress note dated October 22, 2014, the IW complains of persistent neck pain which she rates 6-7/10. The pain is constant and radiates to both hands with numbness and weakness. She also complains of pain in the bilateral wrists and hands. The pain is made better with rest and medications. She is not taking any medications, and is requesting medications at this office visit. Examination of the cervical spine reveals decreased range of motion. There is tenderness to the paraspinals and trapezius muscles. There was decreased sensation at 4/5 bilaterally at C5, C6, C7 and (C8-?). Examination of the bilateral wrists and hands revealed decreased range of motion. There was slight tenderness over the dorsal aspect as well as the radial aspect of both hands. There was weak grip strength at 4+/5. Finkelstein's test was positive bilaterally. The IW will continue working unrestricted. The treating physician is recommending medications, request for MRI cervical spine, request for bilateral wrist supports, request for a 30-day trial of TENS unit, and urine drug screen. The current request is for Flexeril 5mg #30, TENS unit with supplies (30-day trial), and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine HCL) 5 mg #30 1 tab at night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118, 78, 63. Decision based on Non-MTUS Citation ODG (Forearm, wrist, and hand chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 5 mg #30, 1 tablet at bedtime is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. In this case, the injured worker's working diagnoses are bilateral trigger thumb; bilateral De Quervain's tenosynovitis; history of carpal tunnel syndrome, bilaterally; aggravation of the bilateral De Quervain's; and bilateral wrist the generative changes. Muscle relaxants are indicated for acute exacerbations of acute low back pain and acute exacerbations of chronic low back pain. The injuries sustained to the worker or bilateral upper extremity, left wrist and left hand. Additionally, muscle relaxants are indicated for short-term (less than two weeks) treatment. The Flexeril was started October 22, 2014. The documentation did not contain a clinical indications, a clinical rationale or evidence of objective functional improvement. The documentation did not contain supporting clinical facts for the ongoing use of Flexeril despite the recommendations of short-term, less than two weeks, treatment duration. Consequently, absent the appropriate clinical indications, clinical rationale, objective functional improvement and treatment well in excess of the treatment guidelines, Flexeril 5 mg #30,1 tablet at bedtime is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation ODG (Forearm, wrist, and hand chapter) and TENS (transcutaneous electrical neurostimulation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit/Forearm, Wrist and Hand.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. Tens unit is not recommended as a primary treatment modality, but a one month trial home-based may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. Application of TENS to the forearm, wrist and hand is not recommended. Criteria for TENS use include, but is not limited to, a one month trial of the tens unit should be documented; other ongoing pain treatment should be documented;

and documentation of specific short and long-term goals should be document. In this case, the injured worker's working diagnoses are bilateral trigger thumb; bilateral De Quervain's tenosynovitis; history of carpal tunnel syndrome, bilaterally; aggravation of the bilateral De Quervain's; and bilateral wrist degenerative changes. The documentation does not contain the criteria for TENS according to the Official Disability Guidelines. There is no evidence of other ongoing treatment modalities are not documented, and there are no specific short and long-term goals document. Additionally, TENS unit application to the forearm wrist and hand are not recommended. Consequently, absent the clinical documentation to support the use of a TENS unit, and the non-recommendation pursuant to the guidelines for forearm, wrist and hand complaints, a TENS unit trial is not medically necessary.

TENS unit supplies (trial 30 days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit supplies is not medically necessary. Tens unit is not recommended as a primary treatment modality, but a one month trial home-based may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. Application of TENS to the forearm, wrist and hand is not recommended. Criteria for TENS use include, but is not limited to, a one month trial of the tens unit should be documented; other ongoing pain treatment should be documented; and documentation of specific short and long-term goals should be document. In this case, the injured worker's working diagnoses are bilateral trigger thumb; bilateral De Quervain's tenosynovitis; history of carpal tunnel syndrome, bilaterally; aggravation of the bilateral De Quervain's; and bilateral wrist degenerative changes. The documentation does not contain the criteria for TENS according to the Official Disability Guidelines. There is no evidence of other ongoing treatment modalities are not documented, and there are no specific short and long-term goals document. Additionally, TENS unit application to the forearm wrist and hand are not recommended. Consequently, absent the clinical documentation to support the use of a TENS unit, and the non-recommendation pursuant to the guidelines for forearm, wrist and hand complaints, a TENS unit supplies is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen.

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are made to continue, adjust or discontinue treatment. The frequency and duration of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are bilateral trigger thumb; bilateral De Quervain's tenosynovitis; history of carpal tunnel syndrome, bilaterally; aggravation of the bilateral De Quervain's; and bilateral wrist degenerative changes. The progress notes in the medical record contain frequent requests for urine drug toxicology screens. The injured worker is taking Motrin and Flexeril. There are no opiates noted in the medical record. There is no aberrant or drug seeking behavior in the medical record. There is no clinical indication or rationale for the frequent urine drug screens (requested). The most recent requests cyclobenzaprine (Flexeril) was denied and the injured worker is only taking Motrin. There is no clinical indication for urine drug screen. Consequently, absent a clinical indication along with a clinical rationale for a urine drug toxicology screen, a urine drug screen is not medically necessary.