

Case Number:	CM15-0006566		
Date Assigned:	01/23/2015	Date of Injury:	11/01/2002
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 62 year old female, who sustained an industrial injury to bilateral upper extremities on 11/1/2002 while working as a housekeeper. She has reported tightness right neck and shoulders and numbness in fingers of right hand. The diagnoses have included repetitive strain injury with bilateral carpal tunnel syndrome, chronic cervical strain, bilateral cervicobrachial syndrome, myofascial pain syndrome, chronic lateral epicondylitis and low back with bilateral foot pain. Treatment to date has included topical and oral medications, splinting, diagnostics, acupuncture and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, the IW complains of pain with numbness in both hands and spasms of left wrist extensors. The physical exam revealed positive bilateral carpal tunnel compression test and tenderness of bilateral wrists, positive opponens strength, and positive bilateral epicondyle tenderness. The medications improve the pain and assist with performing activities of daily living (ADL's). The current medications were voltaren, neurontin, flexeril, and prilosec. On 12/24/14 Utilization Review non-certified a request for 1 Prescription of Flexeril 7.5mg, 1 Urine drug screen and 8 Chiropractic manipulation sessions, noting that regarding the use of flexeril, the (MTUS) Medical Treatment Utilization Schedule indicates that cyclobenzaprine is a muscle relaxant appropriate for short term use not to exceed 2-3 weeks and the records reflect that the IW has been taking it since 2013 which grossly exceeds the guidelines. Regarding the urine drug screen, the (MTUS) Medical Treatment Utilization Schedule indicates that random frequent drug screens are appropriate for patients taking opioid therapy and the records do not indicate that she is taking any opioids. Regarding the chiropractic treatment, the guidelines state that manipulation

is not recommended for carpal tunnel. The (MTUS) Medical Treatment Utilization Schedule guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 11/01/02 and presents with numbness in both hands and spasms of left wrist extensors. The request is for FLEXERIL 7.5 MG. There is no RFA provided and the work status is unknown. The physical exam revealed positive bilateral carpal tunnel compression test and tenderness of bilateral wrists, positive opponens strength, and positive bilateral epicondyle tenderness. The patient has been taking Flexeril as early as 05/14/14. MTUS page 63-66 states: "muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommend for a short course of therapy." MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril since 05/14/14, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

1 Urine drug screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient was injured on 11/01/02 and presents with numbness in both hands and spasms of left wrist extensors. The request is for 1 URINE DRUG SCREEN. There is no RFA provided and the work status is unknown. The patient had a prior urine drug screen on 02/12/14. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. The reason for the request is not provided. The patient is currently taking voltaren, neurontin, flexeril, and prilosec. There are no opioids

listed and the patient had a prior urine drug screen on 02/12/14. The treater does not explain why a repeat UDS is required and there is no documentation of the patient being at high risk for adverse outcomes, or having active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested comprehensive urine drug screen IS NOT medically necessary.

8 Chiropractic manipulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient was injured on 11/01/02 and presents with numbness in both hands and spasms of left wrist extensors. The request is for 8 CHIROPRACTIC MANIPULATION SESSIONS. There is no RFA provided and the work status is unknown. There is no indication of the patient having any prior chiropractic manipulation sessions. There is no indication that the patient has had any previous chiropractic sessions. MTUS Guidelines allows up to 18 sessions of chiropractic treatment following an initial trial of 3 to 6. There is no mention of any recent surgery the patient may have had. The physical exam revealed positive bilateral carpal tunnel compression test and tenderness of bilateral wrists, positive opponens strength, and positive bilateral epicondyle tenderness. The requested 8 sessions of chiropractic manipulation. However, there is no documentation of the patient having a trial of 3 to 6 chiropractic sessions. Therefore, the requested 8 chiropractic manipulation sessions IS NOT medically necessary.