

Case Number:	CM15-0105930		
Date Assigned:	07/06/2015	Date of Injury:	06/03/2009
Decision Date:	07/31/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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: Emergency Medicine

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 female sustained an industrial injury to the neck, shoulder, bilateral hands/wrists and right knee on 3/31/08. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included physical therapy, bilateral carpal tunnel release, bilateral trigger finger release to the thumbs, injections, wrist braces and medications. In an orthopedic evaluation dated 4/9/15, the injured worker complained of constant pain to the cervical spine with radiation to the right upper extremity, pain and stiffness to the right shoulder, pain and triggering to both thumbs and small fingers, right knee pain and headaches. The injured worker also complained of depression, anxiety, difficulty concentrating, lapses in memory and difficulty sleeping. Physical exam was remarkable for cervical spine with tenderness to palpation over the paraspinal musculature with spasticity and limited range of motion, right shoulder with tenderness to palpation over the humerus with limited range of motion and positive impingement, decreased sensation along the median nerve distribution, bilateral thumbs and small fingers with tenderness to palpation and mildly decreased finger range of motion. Current medications consisted of Motrin. Current diagnoses included cervical spine sprain/strain, right shoulder tendinitis with impingement syndrome, status post bilateral carpal tunnel syndrome release, status post bilateral trigger thumb releases and bilateral small finger trigger fingers. The treatment plan included prescriptions for Cyclobenzaprine, Protonix, Diclofenac and topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG #30 with 2 Refills: 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): 63-66.

Decision rationale: The requested Cyclobenzaprine 7.5 MG #30 with 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has depression, anxiety, difficulty concentrating, lapses in memory and difficulty sleeping. Physical exam was remarkable for cervical spine with tenderness to palpation over the paraspinal musculature with spasticity and limited range of motion, right shoulder with tenderness to palpation over the humerus with limited range of motion and positive impingement, decreased sensation along the median nerve distribution, bilateral thumbs and small fingers with tenderness to palpation and mildly decreased finger range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5 MG #30 with 2 Refills is not medically necessary.

Pantoprazole 20 MG #30 with 1 Refill: 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: The requested Pantoprazole 20 MG #30 with 1 Refill, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has depression, anxiety, difficulty concentrating, lapses in memory and difficulty sleeping. Physical exam was remarkable for cervical spine with tenderness to palpation over the paraspinal musculature with spasticity and limited range of motion, right shoulder with tenderness to palpation over the humerus with limited range of motion and positive impingement, decreased sensation along the median nerve distribution, bilateral thumbs and small fingers with tenderness to palpation and mildly decreased finger range of motion. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole 20 MG #30 with 1 Refill is not medically necessary.

Diclofenac 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Diclofenac 100 MG #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has depression, anxiety, difficulty concentrating, lapses in memory and difficulty sleeping. Physical exam was remarkable for cervical spine with tenderness to palpation over the paraspinal musculature with spasticity and limited range of motion, right shoulder with tenderness to palpation over the humerus with limited range of motion and positive impingement, decreased sensation along the median nerve distribution, bilateral thumbs and small fingers with tenderness to palpation and mildly decreased finger range of motion. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Diclofenac 100 MG #60 is not medically necessary.