

Case Number:	CM15-0142590		
Date Assigned:	08/03/2015	Date of Injury:	12/09/2014
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53-year-old male, who sustained an industrial injury on 12-09-2014 secondary to cleaning the glue machine and his left hand, wrist and arm were stuck. On Doctors First Report of Occupation Injury or Illness visit dated 06-08-2015 the injured worker has reported left forearm, wrist and hand pain. On examination of the left shoulder was noted to be tender over supraspinatus, coracoid, bicipital groove and AC joint, range of motion was noted to be decreased, and a positive impingement and crank test was noted. Left elbow was noted to have a positive Tinel's test. In addition, left forearm was noted to have positive Tinel's and Phalen's testing, as well as positive Finkelstein test. Tenderness over the radial styloid and carpometacarpal joint. The diagnoses have included crush injury to the left hand, forearm and upper arm-left. Treatment to date has included medication. The provider requested Cyclobenzaprine, Tramadol and Meloxicam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with opioids and NSAIDS. Pain scores were not noted in recent documentation. Continued and chronic use of Flexeril is not medically necessary.

Tramadol 50mg #200 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. The claimant had been on Tramadol for months in combination with Meloxicam (NSAIDS). Pain scores were not noted. Tramadol is not indicated 1st line for hand pain. Continued and chronic use with 4 additional refills is not medically necessary.

Meloxicam 7.5mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Meloxicam along with Tramadol for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Although, Meloxicam may be appropriate for wrist pain, future need and tolerance to medication

cannot be determined to allow for 5 refills in advance. Continued use of Meloxicam as prescribed above is not medically necessary.