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| Case Number: | CM15-0142882 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 06/01/2009 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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 55 year old female who sustained a work related injury June 1, 2009. According to a primary treating physician's progress report, dated June 25, 2015, the injured worker presented with neck and wrist pain. She has completed 6 sessions of acupuncture and her hand pain reduced from a 7-8 out of 10 to a 4-5 out of 10 for about a week. She wears wrist splints at night and has been undergoing hand therapy. Current medication included Voltaren Gel, Celebrex, Flexeril, Lidocaine-prilocaine cream, Tramadol, Lyrica, and Hydrocodone-acetaminophen. Physical examination of the cervical spine revealed; range of motion is restricted with flexion , extension, and left lateral bending due to pain. There is tenderness at the paracervical muscles and trapezius. Spurling's maneuver, on both the left and right sides causes pain in the muscles of the neck radiating to the upper extremities. Inspection of both the wrist joints revealed restricted range of motion with radial deviation limited to 5 degrees, supination and pronation limited. Tenderness on palpation; dorsal wrist + and first dorsal compartment +. Finkelstein's test is positive. Diagnoses are radial styloid tenosynovitis; sprains and strains of wrist not otherwise specified. Treatment plan included a discontinuation of Lyrica and Tramadol, continue to use the TENS (transcutaneous electrical nerve stimulation) unit, and at issue, the request for authorization for hand therapy 1 x 8, Celebrex, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 1x8: 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 Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with neck and bilateral wrist pain. The current request is for Hand Therapy 1x8. Treatment history include acupuncture, hand therapy, wrist splints and medications. The RFA is dated 06/25/15. The patient's work status was not addressed. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The medical file provided for my review includes one appeal letter dated 07/27/15. The UR letter from 07/13/15 references a report from 06/25/15. According to this report, the patient continues to report hand pain. The patient is wearing wrist splints at night and has been participating in hand therapy. Physical examination of the cervical spine restricted ROM. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities. Inspection of both the wrist revealed ROM with radial deviation limited to 5 degrees. Tenderness on palpation and Finkelstein's test is positive. This is a request for 8 hand therapy sessions. There are no occupational therapy reports provided for review. The exact number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the UR letter dated 07/13/15 notes that the patient has completed 8 sessions thus far. The requested 8 additional sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.

Celebrex 200mg x2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: This patient presents with neck and bilateral wrist pain. The current request is for Celebrex 200mg x2 refills. Treatment history include acupuncture, hand therapy, wrist splints and medications. The RFA is dated 06/25/15. The patient's work status was not addressed. MTUS Chronic Pain Medical Treatment Guidelines, page 22, has the following under Anti-inflammatory medications: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.)

(Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." It is unclear when this medication was initiated. According to an appeal letter dated 07/27/15, the patient has been utilizing Celebrex every night since 2009. "She has failed trials of other NSAIDs as they have upset her stomach." Celebrex decreases her pain in the mornings and decreases the swelling. With the use of Celebrex her pain is reduced from 8-9/10 to 5/10. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications. Given that this patient has had upset stomach with other NSAIDs, and the documented efficacy, the medical necessity has been substantiated and this request IS medically necessary.

Flexeril 5mg x1 refill: Upheld

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

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

Decision rationale: This patient presents with neck and bilateral wrist pain. The current request is for Flexeril 5mg x1 refill. Treatment history include acupuncture, hand therapy, wrist splints and medications. The RFA is dated 06/25/15. The patient's work status was not addressed. The MTUS Chronic pain Guidelines 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 exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." It is unclear when this medication was initiated. MTUS Guidelines supports the use of Flexeril for short course of therapy, not longer than 2 to 3 weeks. The current request is for Flexeril 5mg x1 refill with no discussion that this medication is intended for short term use. Therefore, this request IS NOT medically necessary.