MAXIMUS Federal Services

Case Number:	CM15-0145847		
Date Assigned:	08/06/2015	Date of Injury:	04/30/2002
Decision Date:	09/03/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 4-30-02 Initial complaints were not reviewed. The injured worker was diagnosed as having chronic cervical spine strain; cervical radiculopathy; overuse syndrome bilateral upper extremities; bilateral carpal tunnel syndrome; left shoulder supraspinatus tendinitis Type II acromion with impingement; left shoulder bursitis; right shoulder impingement syndrome; bilateral elbow sprain with lateral epicondylitis; bilateral upper extremity reflex sympathetic dystrophy (RSD); gastritis. Treatment to date has included physical therapy; acupuncture; chiropractic therapy; medications. Diagnostics studies included MRI right shoulder (6-22-12); MRI cervical spine (6-22-12; 2-4-14); EMG/NCV study upper extremities (6-29-12; 3-17-14).Currently, the PR-2 notes dated 3-2-15 indicated the injured worker complains of constant cervical spine pain rated at 8 out of 10 but usually 6-7 out of 10. The pain is reported to radiate to the bilateral arms with numbness and weakness, right more than left. There is numbness to the entire hand on and off on the left. There is constant numbness on the right thumb and index area. His symptoms are worse with activity or prolonged positioning of the neck. He reports bilateral shoulder pain that is constant. He rates this pain as 6 out of 10 at its best and 8 out of 10 at its worst. It is worse with activity and he is unable to sleep on the right side. He has difficulty raising his arms and his wide must help him dress. He has difficulty eating due to inability to raising food to his mouth. He reports constant pain in his bilateral elbows usually 6-7 out of 10 on the pain scale and worse with activity. He reports constant bilateral wrist and thumb pain usually 6-7 out of 10 and 8 out of 10 on the right with activity. He reports a surgical history for a lumbar laminectomy in 1984

in Mexico and a left carpal tunnel release in 2003. On physical examination, the provider documents the cervical spine notes muscle guarding with no muscle spasm. There is tenderness to palpation about the cervical spine and upper trapezius muscles. There are no trigger points and the cervical compression is positive and foraminal compression test is negative (Spurling's). He has a decreased sensation over the C6-C7 dermatomes on the right. Motor power is decreased to manual testing in the right deltoids and biceps at 5- out of 5; otherwise intact in both upper extremities. The shoulder examinations noted tenderness to palpation along the acromioclavicular joints, biceps tendon grooves, supraspinatus deltoid complexes and rotator cuffs bilaterally. Glenohumeral labral testing for instability is negative on the right. His impingement test is positive bilaterally. The drop arm test is negative bilaterally with the left shoulder elevated more than the right. He has no pain on palpation of the medial or lateral joint lines of the elbows and forearm examination. The Tinel's sign is positive at the bilateral elbows. There is no pain on resisted dorsiflexion of the wrists with the elbows in full extension. His wrist examination notes pain to palpation of the wrist structures, but there is no visible swelling or inflammation bilaterally. There is no evidence of carpal tunnel syndrome and tendinitis of the bilateral thumbs. Phalen's test and Tinel's sign are negative bilaterally. Finkelstein's test is positive bilaterally. The most recent diagnostic testing was an EMG/NCV of the upper extremities dated 3-17-14 that was a normal study with no evidence of bilateral median, radial or ulnar neuropathy and no evidence of bilateral cervical radiculopathy. The report does reveal median neuropathy at both wrists consistent with moderate right and mild left carpal tunnel syndrome. It additionally reveals mild evidence of left C5 or C6 radiculopathy and noted that the test was limited by the injured worker's difficulty relaxing. A MRI of the cervical spine dated 2-4-14 reveals severe central stenosis at the C3-C4 and C4-C5 levels. There is reported moderate stenosis at C5-C6 with central signal change within the spinal cord at the C3-C4 and C4-C5 levels, consistent with chronic myelomalacia. A reduction of cord caliber is also present due to the central stenosis. There are multiple levels of advanced neural foraminal stenosis of the C3-C4 through C6-C7 levels as detailed. Multilevel degenerative disc and degenerative facet disc of moderate degree contributes to neural foraminal stenosis. The provider notes the injured worker has been treated conservatively throughout his work related injury. The provider is requesting authorization of Tylenol #3 #60 with 3 refills; Prilosec 20mg #30 with 3 refills and unknown prescription of Flurbiprofen cream with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in April 2002 and is being treated for radiating neck pain with upper extremity numbness and weakness and bilateral shoulder pain. When seen, there was cervical, trapezius, and shoulder tenderness. There

was decreased upper extremity strength and sensation. Shoulder impingement testing was positive. There was positive Finklestein testing. Tylenol #3, Prilosec, and topical Flurbiprofen were requested. Medications have included Norco at a total MED (morphine equivalent dose) of 20 mg per day. Tylenol #3 was prescribed with a total MED of 9 mg per day. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that opioid medications have provided decreased pain, increased level of function, or improved quality of life and dosing even at a higher MED. Continued prescribing was not medically necessary.

Prilosec 20mg #30 with 3 refills: 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 NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work-related injury in April 2002 and is being treated for radiating neck pain with upper extremity numbness and weakness and bilateral shoulder pain. When seen, there was cervical, trapezius, and shoulder tenderness. There was decreased upper extremity strength and sensation. Shoulder impingement testing was positive. There was positive Finklestein testing. Tylenol #3, Prilosec, and topical Flurbiprofen were requested. Medications have included Norco at a total MED (morphine equivalent dose) of 20 mg per day. Tylenol #3 was prescribed with a total MED of 9 mg per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prilosec (omeprazole) was not medically necessary.

Unknown prescription of Flurbiprofen cream with 3 refills: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury in April 2002 and is being treated for radiating neck pain with upper extremity numbness and weakness and bilateral shoulder pain. When seen, there was cervical, trapezius, and shoulder tenderness. There was decreased upper extremity strength and sensation. Shoulder impingement testing was positive. There was positive Finklestein testing. Tylenol #3, Prilosec, and topical Flurbiprofen were requested. Medications have included Norco at a total MED (morphine equivalent dose) of 20 mg per day. Tylenol #3 was prescribed with a total MED of 9 mg per day.Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and this medication was not medically necessary.