

Case Number:	CM15-0146001		
Date Assigned:	08/06/2015	Date of Injury:	02/09/2011
Decision Date:	09/04/2015	UR Denial Date:	07/16/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 2-9-11. Initial complaints were of her shoulder back and thumb. The injured worker was diagnosed as having status post right cubital tunnel release; cervical and lumbar myofascial pain, intervertebral disc disease; trigger finger. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical spine (2-2012; 2-27-15). Currently, the PR-2 notes dated 7-2-15 indicated the injured worker presents for a follow-up and refill of her medications. She complains of cervical spine pain that causes migraines. She also complains of her thumb trigger finger. She also reports low back pain radiating down bilateral lower extremities with numbness to her feet. She reports having trouble getting in her car as it becomes very painful. The medications help relieve her pain and helps with spasms. She reports to have an increase in range of motion and reduction in the inflammation. Her pain is described as tightness, numbness, sharp, aching, tingling, burning, discomfort and continuous. She describes the intensity of the pain without medications at 7-8 out of 10 and after she takes her medications, it decreases to 4 out of 10 and noticeable 100% of the time. Her symptoms are reduces by taking her medications, heating pads, cold packs and home exercise. She has two separate appointments for two separate providers regarding her pain. on physical examination the provider documents spinal restrictions-subluxation at the occiput, C1,C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5 and sacrum, left pelvis, right pelvis and coccyx. Extra spinal restrictions -subluxations are noted as left shoulder, right shoulder, bilateral arms, wrists and hands. There is pain and tenderness in the upper and mid cervical, mid to lower cervical,

cervicothoracic, upper thoracic, midthoracic, lower thoracic, thoracolumbar, upper lumbar, lower lumbar, lumbosacral, sacral, shoulders, upper arm, forearms and hands. Range of motion is somewhat limited. A MRI of the cervical spine dated 2-27-15 impression reveals reversal of the cervical lordosis, degenerative disc disease; C5-C6 posterior protrusion measuring approximately 4mm mild to moderate spinal stenosis, possible mild spinal cord compression, impingement of the right C6 nerve root at the right neural canal and possible impingement of the left C6 nerve root at the left neural canal. C6-C7 notes posterior disc protrusion measuring approximately 4 mm mild to moderate spinal stenosis, impingement of the right C7 nerve root at the right neural canal and possible impingement of the left C7 nerve root at the left neural canal. She has had surgical intervention for status post right ulnar nerve transposition in August 2014. The provider is requesting authorization of Flexeril 10mg #75; Naproxen 500mg #60 and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. In this case, the request for Naproxen has not been supported, therefore, there is no need for a proton pump inhibitor. The request for Prilosec 20mg #30 is determined to not be medically necessary.

Flexeril 10mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker is using Flexeril for the treatment of chronic pain and there is no indication of an acute exacerbation. This medication has previously been recommended for weaning only. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms.

This request however is not for a tapering dose. The request for Flexeril 10mg #75 is determined to not be medically necessary.

Naproxen 500mg #60: 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 Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. There is no objective documentation of functional improvement with the use of this medication, therefore, the request for Naproxen 500mg #60 is determined to not be medically necessary.