

Case Number:	CM15-0149520		
Date Assigned:	08/12/2015	Date of Injury:	01/06/2015
Decision Date:	09/22/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, New York
 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 44-year-old female who sustained an industrial injury on 01-06-2-15. Mechanism of injury was cumulative. Diagnoses include cervical spine sprain-strain, lumbar sprain-strain with multilevel disc desiccation and protrusions, right medial and lateral epicondylitis, and severe right and moderate left bilateral carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, and acupuncture, physical therapy, and chiropractic sessions. On 03-12-2015, a cervical Magnetic Resonance Imaging revealed multiple areas of disc desiccation and ventral narrowing of the thecal sac. On 03-12-2015, a Magnetic Resonance Imaging of the right elbow showed medial and lateral epicondylitis. On 03-12-2015 a lumbar Magnetic Resonance Imaging revealed L2-3 disc desiccation with narrowing of the right lateral recess, L4-5 desiccation with ventral narrowing of the thecal sac and narrowing of the lateral recessed bilaterally, and L5-S1 disc protrusion with ventral narrowing of the thecal sac and narrowing of the lateral recesses bilaterally. Her current medications include Gabapentin, Tizanidine, Norco, and Ibuprofen. A physician progress note dated 07-09-2015 documents the injured worker complains of pain in her neck with radiation down both of her arms, right greater than left, weakness and numbness in the fingertips, thumb, index and middle finger as well as swelling in her upper extremities. She also has low back pain with muscle spasms. She rates her pain as 6 out of 10 with medications and 9-10 out of 10 without medications. She reports an increase in strength since she started acupuncture and physical therapy. She reports minimal improvement from her medications and constipation as a side effect. On examination, there is tenderness in the bilateral cervical paraspinal muscles, and muscle spasms in the cervical and

lumbar spine. She has limited range of motion. There is positive ulnar neuropathy at the elbow and median neuropathy at the bilateral wrist, and decreased muscle strength in the bilateral deltoids, right biceps, right triceps and right abductor pollicis. She has decreased sensation in the median nerve distribution as well as the right C5-C6, and C7 distributions. Her urine drug screens are consistent with her medications. The treatment plan includes titrating Gabapentin 600mg #30 and Tizanidine for titration, along with continuation of diet adjustment to increase her water intake and fruits, vegetables, and fibers, and to pursue with an orthopedic hand surgery consultation. She is continuing with her physical and acupuncture. Treatment requested is for Ibuprofen 800mg #90, Norco 10/325mg #30, Senna S 8.6/50mg #200, and Tizanidine 4mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

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

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

Decision rationale: The request for ibuprofen is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. The patient had minimal relief with oral analgesics and did not have documentation of functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, the request for ibuprofen is considered not medically necessary.

Tizanidine 4mg #90: 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 request for Tizanidine is not medically necessary. Tizanidine is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered not medically necessary.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient had minimal pain relief with her oral analgesics. There was no documented functional improvement. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. A urine drug screen was positive for Norco when she was not taking it. There was no drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

Senna S 8.6/50mg #200: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The request is considered not medically necessary. ODG guidelines were used, as MTUS does not address Senna use. Senna is a stool softener. The patient has been on chronic opioid use, which led to opioid-induced constipation. The patient will not continue on chronic opioids at this point and will not require continued use of Senna. Therefore, the request is considered not medically necessary at this time.