

Case Number:	CM15-0163800		
Date Assigned:	09/01/2015	Date of Injury:	07/23/2008
Decision Date:	10/16/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 49 year old female, who sustained an industrial injury on July 23, 2008. She reported a cumulative trauma injury of the neck, left shoulder, right shoulder, right wrist, and right hand. The injured worker was diagnosed as having hand pain, wrist pain, carpal tunnel syndrome, cervical radiculopathy, and cervical spondylosis. On August 17, 2012, a MRI of the right wrist revealed status post carpal tunnel release with regrowth of the flexor retinaculum status post-surgery. There was enlargement of the median nerve with an edematous and flattened appearance. There was tendinosis of the extensor carpi ulnaris tendon with low-grade, partial thickness interstitial tear. On January 14, 2015, a urine toxicology screen was inconsistent for opiates. On April 22, 2015, a urine toxicology screen was consistent for Hydrocodone. Surgeries to date have included: a carpal tunnel release in 2003, right shoulder rotator cuff repair in 2010, and right shoulder manipulation under anesthesia in 2011. Treatment to date has included physical therapy, acupuncture, work modifications, splinting during activities and at night, and medications including sleep, opioid analgesic, topical analgesic, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: August 26, 2005. Comorbid diagnoses included history of sleep apnea. On July 15, 2015, the injured worker reported right wrist pain. Her pain was rated 5 out of 10 with medications and 8 out of 10 without medications. Her sleep quality was poor. The physical exam revealed the cervical spine range of motion was restricted by pain, tenderness of the right paravertebral muscles, pain in the neck muscles radiating to the right upper extremity caused by Spurling's maneuver, and positive right cervical facet loading. There was a right shoulder

surgical scar, restricted right shoulder range of motion, and positive Hawkin's, Neer's, and Yergason's tests. The left shoulder exam was unremarkable. There was restricted range of motion of the right wrist, a right knee brace, decreased motor strength of the right upper extremity, decreased sensation to pin prick of the right thumb and fingers, decreased temperature sensation to the right thumb. There were normal deep tendon reflexes of bilateral biceps and decreased deep tendon reflexes of the bilateral triceps. The treating physician noted that with the injured worker is able to work fulltime with difficulty and she is able to lift, push, and pull up to 20 pounds. Without medications she was able push and pull up to 5 pounds. Her work status was permanent and stationary. She was working fulltime with work restrictions that included no lifting greater than 20 pounds, no overhead work with the affected arm, and avoiding heavy pushing and pulling greater than 20 pounds. The treatment plan includes continuing Flexeril, Pennsaid 2% solution, Norco, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. The medication has its greatest effect in the first four days of treatment. It is not recommended for the long-term treatment of chronic pain. In this case, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Pennsaid 2% solution #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Pennsaid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per CA MTUS guidelines, Pennsaid is topical diclofenac solution. The California Medical Treatment Utilization Schedule (MTUS) guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The CMTUS guidelines recommend topical non-steroidal anti-inflammatory drugs

(NSAIDs) for osteoarthritis and tendinitis of the ankle, elbow, foot, hand, knee, and wrist. There are no guidelines on a solution version of topical analgesics. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Mental Illness and Stress, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien); Insomnia treatment.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

