

Case Number:	CM15-0166467		
Date Assigned:	09/04/2015	Date of Injury:	06/23/2015
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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 38 year old male who sustained an industrial injury on 8-23-2015. He has reported a repetitive strain injury to the bilateral upper extremities. Medical records indicate the injured worker is undergoing treatment for repetitive strain injury of the bilateral hand, bilateral wrist pain, myofascial pain syndrome, and question of bilateral cervical radiculopathy vs. question of bilateral carpal tunnel syndrome. Medical records dated 8-4-2015 notes complaints of pain to the bilateral wrists and some radiation of his pain into bilateral hands with occasional numbness and tingling sensations affecting all the digits. Physical examination noted tenderness in the bilateral dorsal aspect of the wrist. There were muscle spasms in the bilateral trapezius muscles. There were spasms and trigger points in the bilateral wrist extensors, paracervical muscles, and trapezius and rhomboid muscles. There was decreased sensation in the bilateral dorsal aspect of the wrist extensors to light touch. Abdomen did not appear distended. Treatment has included Motrin with gastritis. He notes also taking a muscle relaxant. Physical therapy was prescribed, however did not start yet. Utilization review dated 8-20-2015 included physical therapy, Naproxen, Omeprazole, Neurontin, and flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Bilateral Wrists, 2 times wkly for 4 wks, 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therapeutic physical therapy is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. I am reversing the previous utilization review decision. Physical Therapy, Bilateral Wrists, 2 times wkly for 4 wks, 8 sessions is medically necessary.

Naproxen 550 mg Qty (unspecified), by mouth 2 times daily: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The request is non-specific for amount of medication; consequently, Naproxen 550 mg Qty (unspecified) is not medically necessary.

Omeprazole 20 mg Qty (unspecified), by mouth every day: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. The request is non-specific for amount of medication; consequently, Omeprazole 20 mg Qty (unspecified) is not medically necessary.

Neurontin 600 mg Qty (unspecified), by mouth 3 times daily: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. The request is non-specific for amount of medication; consequently, Neurontin 600 mg Qty (unspecified), is not medically necessary.

Flexeril 7.5 mg Qty (unspecified), by mouth 3 times daily: 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).

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request is non-specific for amount of medication; consequently, Flexeril 7.5 mg Qty (unspecified) is not medically necessary.