

Case Number:	CM15-0168546		
Date Assigned:	09/09/2015	Date of Injury:	11/13/2013
Decision Date:	10/26/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, Michigan

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 43 year old, male who sustained a work related injury on 11-13-13. The diagnoses have included cervical musculoligamentous strain-sprain with right arm radiculitis, thoracolumbar musculoligamentous strain-sprain, bilateral shoulder impingement syndrome, bilateral wrist contusion-sprain and status post right wrist fracture. He is currently being treated for cervical spine pain, thoracic-lumbar pain, bilateral shoulder pain and right wrist pain. Treatments in the past include casting of right wrist, 10 sessions of physical therapy in 4-2014 and unknown number of sessions in early 2015, oral medications of Norco, Flexeril, Prilosec, Ultram (since 3-10-14), topical medicated creams, home exercise program, and a right shoulder subacromial injection on 6-2-15 (two weeks benefit). Medications he is currently taking include Zanaflex, Anaprox and Ultram. In the progress notes dated 7-28-15, the injured worker reports moderate, frequent cervical spine pain with muscle spasms. He rates this pain a 5-6 out of 10. He complains of moderate, frequent thoracic and lumbar back pain with spasms with burning and numbness. He reports worsening of these symptoms and a flare-up of symptoms. He rates this pain a 7-8 out of 10. He has difficulties with activities of daily living and is unable to sleep. He reports bilateral shoulder pain, right greater than left. He rates pain a 5 out of 10. He describes this pain as moderate, frequent, dull and sharp. He mainly complains of muscle spasms with associated weakness. The pain in shoulders has increased with activities of daily living such as lifting and he has sleep problems. He reports right wrist swelling, weakness and decreased range of motion. He rates this pain an 8 out of 10. None of these complaints have changed much. On physical exam, he has right wrist swelling. He has tenderness to palpation over the dorsal

capsule. Range of motion in right wrist is flexion at 30 degrees, extension at 25 degrees, radial deviation at 15 degrees and ulnar deviation at 20 degrees. He has tenderness to touch over lumbar paravertebral muscles with moderate spasm. Straight leg raise is positive in both legs. Lumbar range of motion is flexion at 38 degrees, extension is 12 degrees, right side bending is 12 degrees and left side bending is 15 degrees. He is not working. The Utilization Review, dated 8-7-15, request for 8 sessions of physical therapy is certified. 8 sessions of occupational therapy for wrist is non-certified because no new changes are noted in the injured worker's chronic issues and he has had past treatments. Zanaflex 2mg #120 is non-certified "based on the chronicity of the condition and the past lack of functional improvements from muscle relaxants." Anaprox DS 550mg #60 is non-certified due to "multiple reported side effects and the lack of evidence supporting improvement with activities of daily living and continued objective improvements." Ultram ER 150mg #30 was modified to Ultram ER 150mg #20 because "the continuation of opioid therapy is not indicated for this patient and weaning needs to once again commence" due to no change in the injured worker's condition and other chronic complaints are unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of occupational therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that is status post right wrist fracture with extended casting for up to 4 months and resultant stiffness, 8 additional sessions of occupational therapy appears warranted and is medically necessary.

1 prescription of Zanaflex 2mg #120: Overturned

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): Manual therapy & manipulation.

Decision rationale: The MTUS "recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall

improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. A review of the injured workers medical records reveal that the injured worker complains of frequent exacerbations of thoracic and low back pain with muscle spasms, the use of zanaflex during these flares appears warranted. Therefore the request for 1 prescription of Zanaflex 2mg #120 is medically necessary.

1 prescription of Anaprox DS 550mg #60: Overturned

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: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured workers medical records reveal that he is status post right wrist fracture with extended casting for up to 4 months and resultant stiffness, in addition he has moderate pain in multiple other joints, the continued use of an NSAID is appropriate in this injured worker, therefore the request for 1 prescription of Anaprox DS 550mg #60 is medically necessary.

1 prescription of Ultram ER 150mg #30: Overturned

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, specific drug list.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for

chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal that he is status post right wrist fracture with extended casting for up to 4 months and resultant stiffness, in addition he has moderate pain in multiple other joints, the continued use of tramadol is appropriate in this injured worker, therefore the request for 1 prescription of Ultram #30 is medically necessary.