

Case Number:	CM15-0168948		
Date Assigned:	09/09/2015	Date of Injury:	05/01/2014
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 an industrial injury on 5-1-2014. The current diagnoses are cervical sprain, lumbar sprain, right S1 lumbosacral radiculopathy, right lateral-medial epicondylitis, right wrist pain, left lateral epicondylitis, and rule out carpal tunnel. According to the progress report dated 7-15-2015, the injured worker complains of aggravation of pain in the neck, mid-to-low back, right shoulder, right elbow, and right wrist. He notes that he continues to feel a numbing sensation in the right arm (mostly in the elbow area). On a subjective pain scale, he rates his pain 6 out of 10 with medications and 8 out of 10 without. The physical examination of the cervical spine reveals tenderness over the paravertebral muscles, stiffness of the trapezius, full range of motion in all planes, and negative Spurling's and compression tests. Examination of the bilateral elbows reveals tenderness, full range of motion, no instability to varus or valgus testing, and negative Tinel's sign. Examination of the bilateral wrists reveals tenderness, unrestricted and painless range of motion, and positive Tinel's test bilaterally. Examination of the lumbosacral spine reveals tenderness over L4-L5, full range of motion, positive straight leg raise on the right, and intact sensation in all dermatomes in the bilateral lower extremities. The medications prescribed are Fenoprofen, Cyclobenzaprine, and Gabapentin. There is documentation of ongoing treatment with Fenoprofen and Cyclobenzaprine since at least 6-17-2015. Treatment to date has included medication management and home exercise program. Physical therapy has been authorized, but the injured worker has not started yet. Work status is described as modified work duties with the following restrictions: No repetitive bending, twisting, stooping, gripping and grasping. No lifting greater than 25 pounds. The original utilization review (7-29-2015) denied the request for Fenoprofen and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: 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, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for neck and right shoulder pain. When seen, there had been improvement in mid to low back pain. There was cervical paraspinal muscle tenderness and trapezius muscle stiffness. There was bilateral elbow and wrist tenderness. There was lumbar tenderness with positive straight leg raising. Diagnosis include traumatic brain injury. Medications were refilled. Cyclobenzaprine is being prescribed on a long-term basis for muscle relaxation. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of fenoprofen up to 3200 mg per day. In this case, the requested dosing is within guideline recommendations. The claimant has a history of a traumatic brain injury and avoiding opioid medications would be recommended. The request is considered medically necessary.

Cyclobenzaprine 7.5mg #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).

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for neck and right shoulder pain. When seen, there had been improvement in mid to low back pain. There was cervical paraspinal muscle tenderness and trapezius muscle stiffness. There was bilateral elbow and wrist tenderness. There was lumbar tenderness with positive straight leg raising. Diagnosis include traumatic brain injury. Medications were refilled. Cyclobenzaprine is being prescribed on a long-term basis for muscle relaxation. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use. Muscle spasms are no documented and there was no acute exacerbation. Ongoing prescribing was not medically necessary.