

<b>Case Number:</b>	CM15-0185102		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 36 year old female who sustained an industrial injury May 23, 2014. She was initially diagnosed with a second-degree burn of the right forearm with paresthesia and right hand-wrist and right thumb sprain, strain. Diagnoses are right upper extremity overuse syndrome; right carpal tunnel syndrome; right DeQuervain's stenosing tenosynovitis; left carpal tunnel syndrome. According to a primary treating physician's progress report dated August 18, 2015, the injured worker presented with complaints of bilateral upper extremity pain and numbness. Physical examination revealed; right handed; an area of hyperpigmentation consistent with prior superficial second degree burn to proximal volar, medial side of the forearm-healed; right hand- positive Phalen's and Tinel's and positive compression test over the median nerve with numbness of the thumb, index and middle finger; mild thenar atrophy and mild abductor pollicis brevis weakness; positive Durkan's test and Prayer sign, positive Finkelstein's test; pain over the first dorsal wrist extensor; mild pain over the medial epicondyle; negative Tinel's over the Guyon canal and cubital tunnel. The physician documented electrodiagnostic studies dated July 8, 2015, impression as; normal studies of the cervical spine and upper extremities with no acute or chronic denervation potentials in any of the muscles tested; left mild and right moderate carpal tunnel syndrome. Treatment plan included to continue with home exercise, continue using splints, chiropractic treatment, and at issue, a request for authorization for Flexeril, Prilosec, and Methoderm ointment. According to utilization, review dated August 28, 2015 the request for ibuprofen 800mg #60 is certified. The request for Flexeril 10mg #60 is non-certified. The request for Prilosec 20mg #90 is non-certified. The request for Methoderm Ointment is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Flexeril 10mg quantity 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Based on the 08/18/15 progress report provided by treating physician, the patient presents with bilateral upper extremity pain and numbness. The request is for Flexeril 10mg quantity 60. Request for Authorization forms dated 02/08/15 and 03/11/15 were provided. Patient's diagnosis on 08/18/15 includes right upper extremity overuse syndrome; right carpal tunnel syndrome; right DeQuervain's stenosing tenosynovitis; left carpal tunnel syndrome. EMG dated 07/08/15 demonstrated normal studies of the cervical spine and upper extremities with no acute or chronic denervation potentials in any of the muscles tested; left mild and right moderate carpal tunnel syndrome. Patient's medications include Flexeril, Prilosec, naproxyn, Motrin, Tramadol and topical creams. The patient is off work, per 08/18/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Flexeril (Cyclobenzaprine) has been included in patient's medications, per RFA dated 02/08/15 and progress reports dated 06/09/15 and 08/18/15. It is not known when this medication was initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 02/08/15, which is more than 6 months from UR date of 08/28/15. The request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 60 is excessive and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

### **Prilosec 20mg quantity 90: 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:** Based on the 08/18/15 progress report provided by treating physician, the patient presents with bilateral upper extremity pain and numbness. The request is for prilosec

20mg quantity 90. Request for Authorization forms dated 02/08/15 and 03/11/15 were provided. Patient's diagnosis on 08/18/15 includes right upper extremity overuse syndrome; right carpal tunnel syndrome; right DeQuervain's stenosing tenosynovitis; left carpal tunnel syndrome. EMG dated 07/08/15 demonstrated normal studies of the cervical spine and upper extremities with no acute or chronic denervation potentials in any of the muscles tested; left mild and right moderate carpal tunnel syndrome. Patient's medications include Flexeril, Prilosec, naproxyn, Motrin, Tramadol and topical creams. The patient is off work, per 08/18/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Prilosec (Omeprazole) has been included in patient's medications, per RFA dated 02/08/15 and progress reports dated 06/09/15 and 08/18/15. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

**Menthoderm Ointment:** 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): Topical Analgesics.

**Decision rationale:** Based on the 08/18/15 progress report provided by treating physician, the patient presents with bilateral upper extremity pain and numbness. The request is for menthoderm ointment. Request for Authorization forms dated 02/08/15 and 03/11/15 were provided. Patient's diagnosis on 08/18/15 includes right upper extremity overuse syndrome; right carpal tunnel syndrome; right DeQuervain's stenosing tenosynovitis; left carpal tunnel syndrome. EMG dated 07/08/15 demonstrated normal studies of the cervical spine and upper extremities with no acute or chronic denervation potentials in any of the muscles tested; left mild and right moderate carpal tunnel syndrome. Patient's medications include Flexeril, Prilosec, naproxyn, Motrin, Tramadol and topical creams. The patient is off work, per 08/18/15 report. Menthoderm gel contains Methyl salicylate and Menthol. MTUS Guidelines, Topical Analgesics NSAIDs Section, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the

spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Mentherm has been included in patient's medications, per progress reports dated 08/18/15. It is not known when this medication was initiated. The patient presents with bilateral wrist pain and a diagnosis of carpal tunnel syndrome for which mentherm would be indicated. However, MTUS requires recording of pain and function when medications are used for chronic pain (p60). Given the lack of discussion of how this topical product is used and with what efficacy in terms of decrease in pain and increase in function, otherwise unachieved without this product, this request cannot be warranted. Therefore, the request is not medically necessary.