

Case Number:	CM15-0202286		
Date Assigned:	10/19/2015	Date of Injury:	07/22/2011
Decision Date:	11/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/14/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 34 year old female, who sustained an industrial injury on 7-22-2011. The injured worker is undergoing treatment for: bilateral carpal tunnel syndrome. On 6-23-15, and 8-4-15, she reported increased pain and swelling after cortisone injections to the bilateral wrists and hands on 6-29-15. She indicated her left wrist and hand to have more swelling, numbness, tingling and weakness. She indicated feeling her pain was worsening and that "medications help slightly". Pain is noted to be worsened with pulling, and pushing. Objective findings revealed swelling and edema of the bilateral wrists and hands, decreased range of motion of the bilateral wrists, tenderness of the wrists, positive phalen's and tinel's. The records do not discuss issues with or current physical examination of the gastrointestinal system, hypertonicity or muscle spasm. The treatment and diagnostic testing to date has included: cortisone injections of bilateral wrists and hands (6-29-15), urine drug screen (6-23-15). Medications have included: Tylenol number 4, gabapentin, Flexeril, Prilosec. The records indicate she has been utilizing Flexeril, and Prilosec since at least June 2015, possibly longer. Current work status: off work. The request for authorization is for: Prilosec 20mg quantity 60, Flexeril 7.5mg quantity 120, and post-operative sling purchase. The UR dated 10-9-2015: non-certified the requests for Prilosec 20mg quantity 60, Flexeril 7.5mg quantity 120, and post-operative sling purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The available medical record does not establish the IW has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the IW suffers from dyspepsia because of the present medication regimen. As such the request for Prilosec 20mg #60 is deemed not medically necessary.

Flexeril 7.5mg #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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril).

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The medication is not recommended to be used for longer than 2-3 weeks." The medical documents indicate this IW is in excess of the initial treatment window and period (taking the medication since at least 6/15). Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic

medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 7.5mg #120 is deemed not medically necessary.

Post op sling purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification, Initial Care, Surgical Considerations, and Elbow Complaints 2007, Section(s): Radial Head Fracture, Biceps Tendinitis.

Decision rationale: CA MTUS discusses the use of therapeutic slings only in the contexts of shoulder and elbow injury For shoulders; "Sling for acute pain If indicated, the joint can be kept at rest in a sling" and "Brief use of a sling for immobilization (1 to 2 days)" for the elbow; "For the medical management of non-displaced radial head fracture, the physician should prescribe a sling or splint for 7 days." While this specific indication "post op sling" is not mentioned in the MTUS, the MTUS is clear in its indication for other sling use cited above, recommending short term use for specific indications. The available medical record does not note the specific indication for the use of a sling, in fact the record provided does not address the use of a sling at all. There is no discussion of increased comfort with its use or what acute pain it is being utilized for. As such, the request for a post op sling purchase is deemed not medically necessary.