

Case Number:	CM15-0205322		
Date Assigned:	10/22/2015	Date of Injury:	10/31/2013
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49-year-old female with a date of injury on 10-31-2013. The injured worker is undergoing treatment for cervical-trapezial musculoligamentous sprain-strain with bilateral upper extremity radiculitis, osteophytes, moderate to severe right neural foraminal stenosis at C3-C4, C6-C7 and C7-T1; thoracic musculoligamentous sprain-strain; and lumbar musculoligamentous sprain-strain-L4-L5 and L5-S1 disc protrusion and moderate bilateral foraminal narrowing. She has comorbid diagnoses of diabetes and morbid obesity. A physician progress note dated 09-10-2015 documents the injured worker's examination revealed tenderness to palpation with muscle guarding over the bilateral paravertebral musculature, trapezius muscle and sub occipital. Compression test and Spurling's maneuver is positive. Distraction test is positive, and cervical range of motion is restricted. Sensory is decreased in the bilateral C6-T1. She is working modified duty. Treatment to date has included diagnostic studies, medications, chiropractic sessions, acupuncture, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, left and right cervical transfacet epidural steroid injections and home exercise program. Medications include Fexmid (unknown start date), Ultracin lotion, and Anaprox. A Magnetic Resonance Imaging of the cervical spine done on 06-02-2014 showed moderate to severe degrees of foraminal stenosis bilaterally at C6-C7, and C7-T1. Unilateral foraminal stenosis is seen on the right at C3-C4 and on the left at C5-C6. An Electromyography and Nerve Conduction Velocity study done on 10-19-2015 documents electrical evidence of mild diabetic peripheral neuropathy affecting the bilateral upper extremities and electrical evidence of mild to moderate bilateral carpal tunnel syndrome. The Request for Authorization dated 09-10-2015

includes Ergonomic work station or ergonomic work chair, Fexmid 7.5mg, QTY: 60.00, Pain management consultation, QTY: 1.00, Anaprox DS 550mg QTY 60, and Ultracin lotion 120ml QTY 1. On 10-07-2015 Utilization Review non-certified, the requests for Ergonomic work station or ergonomic work chair, and Pain management consultation, QTY: 1.00. Fexmid 7.5mg, QTY: 60.00 was modified to Fexmid 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: Fexmid 7.5mg, QTY: 60.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Fexmid) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Fexmid quantity: 60 is not medically necessary.

Pain management consultation, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Office Visits.

Decision rationale: Pain management consultation, QTY: 1.00 is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a pain management consultation. The documentation does not reveal objective findings of radiculopathy. The documentation indicates that the patient has stable chronic low back pain. It is unclear how this consult will change the medical management of the patient and therefore this request is not medically necessary. Official Disability Guidelines (ODG) Pain- Office visits.

Ergonomic work station or ergonomic work chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Work-Relatedness, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Work-Relatedness, and Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Ergonomic work station or ergonomic work chair is not medically necessary per the MTUS Guidelines. The MTUS states that the clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence. In some cases, it may be desirable to conduct a detailed ergonomic analysis of activities that may be contributing to the symptoms. Because neck and upper back complaints may be related to workstation factors, an accurate history of work and non-work-related activities is imperative. Adjustment or modification of workstation, job tasks, or work hours and methods. The documentation is not clear that the patient has had a workstation ergonomic evaluation therefore this request is not medically necessary.