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| Case Number: | CM15-0206770 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 10/01/2011 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 09/21/2015 |
| 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: 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 50 year old female who sustained an industrial injury October 1, 2011. According to a primary treating physician's follow-up report dated August 18, 2015, the injured worker presented with complaints of right wrist pain, rated 6 out of 10, with increased area of involvement right wrist-hand-forearm with oversensitivity and cold right hand. With medication she is able to perform household duties, shop, prepare food and overall greater activity level. The physician documented Cyclobenzaprine decreases her spasms for approximately 4-6 hours with improved range of motion, tolerance to exercise and decrease in overall pain level 3-4 points out of 10. Objective findings included; right shoulder positive subacromial bursitis, negative impingement Speed's and drop arm tests; right elbow- diffuse tenderness negative Tinel's at cubital tunnel; right wrist-hand- diffuse tenderness and minimal swelling; hyperesthesia from 6cm proximal to wrist distally, negative Tinel's and Phalen's, negative Finkelstein's, tenderness over the flexor tendons with spasm. Diagnoses are right shoulder subacromial bursitis; right elbow arthralgia; right wrist TFCC (triangular fibrocartilage complex) tear; spasm right cervical trapezius right forearm musculature .Treatment plan included to proceed with pain management consult, and medication management. At issue is the request for authorization for Cyclobenzaprine (since at least February 17, 2015) and an interventional pain management consultation. A toxicology report dated January 30, 2015, is present in the medical record and documented as negative and inconsistent with prescribed medication; Hydrocodone, Tramadol, Amitriptyline. An MRI of the right wrist dated April 22, 2015, (report present in the medical record) impression; subchondral cyst formation is seen within the lunate and

triquetrum. According to utilization review dated September 21, 2015, the requests for Duloxetine, Naproxen, Hydrocodone, Pantoprazole, urine toxicology screen and follow-up visit is 4 weeks were certified. The requests for Interventional Pain Management Consultation for the right upper extremity and Cyclobenzaprine 7.5mg #90 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional Pain Management Consultation for The RUE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient presents on 09/08/15 with right wrist and forearm pain rated 6/10 with associated cold sensation in the affected extremity. The patient's date of injury is 10/01/11. The request is for INTERVENTIONAL PAIN MANAGEMENT CONSULTATION FOR THE RUE. The RFA was not provided. Physical examination dated 09/08/15 reveals right shoulder range of motion 160 degrees on flexion, 150 degrees on abduction, 70 degrees on external rotation, 80 degrees on internal rotation. The provider notes positive subacromial bursitis, tenderness to palpation of the right elbow and wrist, hyperesthesia from 6cm proximal to wrist distally. The patient is currently prescribed Duloxetine, Pantoprazole, Hydrocodone, Cyclobenzaprine, and Naproxen. Patient is currently classified as permanent and stationary. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In regard to the consultation with a pain management provider, the referral is appropriate. Per progress note dated 09/08/15, this patient has yet to be evaluated by a pain management specialist. This patient presents chronic pain in his right upper extremity unresolved by conservative measures to date. MTUS/ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could produce benefits for this patient. Therefore, the request IS medically necessary.

Cyclobenzaprine 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: The patient presents on 09/08/15 with right wrist and forearm pain rated 6/10 with associated cold sensation in the affected extremity. The patient's date of injury is 10/01/11. The request is for CYCLOBENZAPRINE 7.5MG #90. The RFA was not provided. Physical examination dated 09/08/15 reveals right shoulder range of motion 160 degrees on flexion, 150 degrees on abduction, 70 degrees on external rotation, 80 degrees on internal rotation. The provider notes positive subacromial bursitis, tenderness to palpation of the right elbow and wrist, hyperesthesia from 6cm proximal to wrist distally. The patient is currently prescribed Duloxetine, Pantoprazole, Hydrocodone, Cyclobenzaprine, and Naproxen. Patient is currently classified as permanent and stationary. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "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." In regard to the request for the continuation of Cyclobenzaprine, the provider has specified an excessive duration of therapy. This patient has been prescribed Cyclobenzaprine since at least 08/18/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 90 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.