

Case Number:	CM15-0021958		
Date Assigned:	02/11/2015	Date of Injury:	10/28/2013
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

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 55-year-old male who reported an injury on 10/28/2013, due to an unspecified mechanism of injury. On 02/10/2015, he presented for a follow up evaluation. He reported headaches, rated at a 6/10; particular neck pain and muscle spasm, rated at a 5/10; burning bilateral shoulder, arm and hand pain, rated at a 5/10; bilateral elbow pain, rated at a 6/10; bilateral wrist sprain, rated at a 5/10; low back pain with radicular symptoms and muscle spasms, rated at a 6/10; and secondary insomnia, anxiety, stress and depression. A physical examination of the cervical spine showed tenderness to palpation over the paraspinal, trapezius, levator scapula, sternocleidomastoid splenius and scalene muscles. There was tenderness to palpation at the spinous process ligament as well. Range of motion was noted to be within normal limits, and he had a positive cervical distraction and compression test bilaterally. At the bilateral shoulders, there was tenderness to palpation at the supraspinatus, levator scapula and at the rhomboids. There was AC joint arthrosis noted as well. Range of motion was noted to be decreased bilaterally, and he also had Neer's impingement sign and Kennedy/Hawkins positive bilaterally. Examination of the bilateral elbows showed tenderness to palpation at the lateral epicondyles with normal range of motion and a positive Cozen's sign bilaterally. Bilateral hands and wrists showed tenderness to palpation over the carpal tunnel with normal range of motion, and positive Tinel's and Phalen's bilaterally. Sensation was slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Muscle strength was also decreased in the areas secondary to pain. The lumbar spine showed that he was able to heel and toe walk, but with pain. There was tenderness noted in the lumbar paraspinals and quadratus

lumborum muscles, as well as in the lumbosacral junction. Bilateral PSIS trigger points were noted with no spasms and range of motion was noted to be decreased. He had a positive tripod sign, flip test and Lasegue's bilaterally. Sensation was noted to be decreased at the L5 and S1 dermatomes and motor strength was decreased in the L2, L3, L4, L5 and S1 in the bilateral lower extremities secondary to pain. His medications included Deprizine, Dicopanol, Fanatrex, Synapryn and Tabrasol. The treatment plan was for Tabrasol 1 mg/250 ml and Synapryn 10 mg/ml 500 ml. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The Official Disability Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Tabrasol 1mg/250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants for the treatment of low back pain as a second line medication option. The documentation provided does not indicate that the injured worker is having a satisfactory response to this medication to support its continuation. Also, the frequency of the medication was not stated within the request. Furthermore, without knowing exactly how long the injured worker has been using this medication, continuing would not be supported as it is only recommended for short term treatment. Therefore, the request is not supported. As such, the request is not medically necessary.

