

Case Number:	CM15-0210995		
Date Assigned:	10/29/2015	Date of Injury:	03/27/2015
Decision Date:	12/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old female, who sustained an industrial injury on 03-27-2015. The patient had diagnoses of ganglion cyst, left wrist sprain, possible left carpal tunnel syndrome, and injuries to the neck, spine, hips, shoulders, and right ankle. The medical records (09-04-2015) indicate ongoing upper back pain with radiation into both upper extremities and associated with numbness and tingling, bilateral wrist pain, low back pain, and right ankle pain. Pain levels were rated 7 out of 10 in severity on a visual analog scale (VAS) for the upper back, 6 out of 10 for the wrist, 8 out of 10 for the low back and 5 out of 10 for the right ankle. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW can return to work with restrictions. The physical exam, dated 09-04-2015, revealed tenderness to palpation with muscle spasm over the cervical spine, upper back and lumbar spine, positive straight leg raises, tenderness to both hands and wrist, cystic masses to the dorsal aspect of the left wrist, and tenderness to the right ankle. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (Anaprox and Flexeril for several months). The medication list include Ibuprofen, Orphenadrine, Anaprox and Flexeril and Nabumatone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Request: Anaprox 550mg #60. Anaprox belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)" The patient is having chronic pain and is taking Anaprox for this injury. The patient had diagnoses of ganglion cyst, left wrist sprain, possible left carpal tunnel syndrome, and injuries to the neck, spine, hips, shoulders, and right ankle. Medical records (to 09-04-2015) indicate ongoing upper back pain with radiation into both upper extremities and associated with numbness and tingling, bilateral wrist pain, low back pain, and right ankle pain. Pain levels were rated 7 out of 10 in severity on a visual analog scale (VAS) for the upper back, 6 out of 10 for the wrist, 8 out of 10 for the low back and 5 out of 10 for the right ankle. The physical exam, dated 09-04-2015, revealed tenderness to palpation with muscle spasm over the cervical spine, upper back and lumbar spine, positive straight leg raises, tenderness to both hands and wrist, cystic masses to the dorsal aspect of the left wrist, and tenderness to the right ankle. NSAIDs like Anaprox are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Anaprox 550mg #60 is deemed medically appropriate and necessary in this patient.

Transdermal compounds: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Transdermal compounds. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. The active ingredients of the Transdermal compounds were not specified in the records provided. The medical necessity of the Transdermal compounds is not fully established in this patient.

Flexeril 10mg #30: Overturned

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

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

Decision rationale: Flexeril 10mg #30. According to CA MTUS guidelines cited, "Recommended as an option, using a short course of therapy." The patient had diagnoses of injuries to the neck, spine, hips and shoulders. Medical records (to 09-04-2015) indicate ongoing upper back pain with radiation into both upper extremities and associated with numbness and tingling, bilateral wrist pain, low back pain, and right ankle pain. The physical exam, dated 09-04-2015, revealed tenderness to palpation with muscle spasm over the cervical spine, upper back and lumbar spine, positive straight leg raises. The patient has evidence of muscle spasms on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore the request for Flexeril 10mg #30 is medically necessary and appropriate for prn use during exacerbations.