

Case Number:	CM15-0048417		
Date Assigned:	03/20/2015	Date of Injury:	03/27/2006
Decision Date:	08/25/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male, who sustained an industrial injury on 3/27/2006. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical disc degeneration, bilateral ulnar neuropathy, and repetitive strain injury of the neck, myofascial pain syndrome, major depression and cervical/thoracic/lumbar strain. Treatment to date has included cervical traction, cognitive behavior therapy, physical therapy and medication management. In a progress note dated 1/26/2015, the injured worker complains of neck, upper extremity and low back pain rated 8/10. Physical examination showed trigger points over the neck, shoulder and right wrist. The treating physician is requesting interdisciplinary evaluation, hand surgery consultation, Tramadol 50 mg #90 and Cyclobenzaprine 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page (s): 31-32.

Decision rationale: The injured worker sustained a work related injury on 3/27/2006. The medical records provided indicate the diagnosis of cervical disc degeneration, bilateral ulnar neuropathy, and repetitive strain injury of the neck, myofascial pain syndrome, major depression and cervical/thoracic/lumbar strain. Treatments have included cervical traction, cognitive behavior therapy, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for interdisciplinary evaluation. The review of the medical records indicates the interdisciplinary evaluation is for Functional Restoration program. Additionally, the records indicate the injured worker is being considered for surgery, the injured worker suffers from major depression, and the injury is about 10 years old. The MTUS does not recommend functional restoration program if surgery is a consideration, if negative predictors of success like depression, have not been addressed. Or if there is a long duration between the injury and the program. This request is not medically necessary.

Hand surgery consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Percutaneous release (of the trigger finger and/or trigger thumb).

Decision rationale: The injured worker sustained a work related injury on 3/27/2006. The medical records provided indicate the diagnosis of cervical disc degeneration, bilateral ulnar neuropathy, and repetitive strain injury of the neck, myofascial pain syndrome, trigger finger, major depression and cervical/thoracic/lumbar strain. Treatments have included cervical traction, cognitive behavior therapy, physical therapy and medication management. The medical records provided for review do indicate a medical necessity for Hand surgery consultation. The records indicate the injured worker has failed conservative care including several physical therapy sessions, several hand therapy sessions, splinting and medications. The MTUS recommends hand surgeon referral if there are red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The injured worker has trigger finger and may benefit from injection or surgery. This request is medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 3/27/2006. The medical records provided indicate the diagnosis of cervical disc degeneration, bilateral ulnar neuropathy, and repetitive strain injury of the neck, myofascial pain syndrome, major depression and cervical/thoracic/lumbar strain. Treatments have included cervical traction, cognitive behavior therapy, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #90. Tramadol is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for a long time in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on treatment with opioids for a long time, but with no overall improvement. The injured worker is not properly monitored for pain control. This request is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 3/27/2006. The medical records provided indicate the diagnosis of cervical disc degeneration, bilateral ulnar neuropathy, and repetitive strain injury of the neck, myofascial pain syndrome, major depression and cervical/thoracic/lumbar strain. Treatments have included cervical traction, cognitive behavior therapy, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 10mg #60. Cyclobenzaprine (Flexeril) is a muscle relaxant. The MTUS recommends on-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. The recommended dosing of Cyclobenzaprine is 5 to 10 mg three times a day for no longer than 2-3 weeks. However, the medical records indicate the injured worker has been on this medication for a long time. This request is not medically necessary.