

Case Number:	CM15-0055724		
Date Assigned:	03/30/2015	Date of Injury:	08/22/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 39-year-old female, who sustained a work/ industrial injury on 8/22/14. She has reported initial symptoms of left hand, shoulder, right knee, and low back pain. The injured worker was diagnosed as having lumbar strain, right ankle sprain, left hand strain, and left shoulder strain. Treatments to date included medication, diagnostics, home exercise program, and chiropractic care. Magnetic Resonance Imaging (MRI) was performed on 10/27/14, 11/5/14, 11/14/14, and 11/18/14. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 11/26/14X-ray's were performed on 9/2/14. Currently, the injured worker complains of continued low back, neck right knee, and left wrist and left shoulder pain. The treating physician's report (PR-2) from 1/10/15 indicated the pain radiates to the lower extremities, neck pain radiates to the upper extremities with intermittent numbness/tingling, especially on the left side. Pain was reported to be increased due to weather changes. Exam reported decreased left shoulder range of motion with abduction at 80 degrees. There was tenderness to palpation in the cervical and lumbar paraspinals. Finkelstein test was positive. Treatment plan included Robaxin, Tylenol No.3, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS Guidelines do not support the daily long-term use of sedating muscle relaxants for chronic pain. Short-term use for acute flare-ups is supported by Guidelines, but that does not appear to be the intent of this prescription. Muscle relaxants have been recommended for this individual on a long-term basis and there is no clear evidence of benefits or intermittent use. Under these circumstances, the Robaxin 500mg. #30 is not supported by Guidelines and is not medically necessary.

Tylenol No. 3 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific evaluation and screening recommendations before initiating opioid medications. These standards include screening for risk factors for misuse which has not been done. Without these standards being met, there are no unusual circumstances to justify an exception to Guidelines. The Tylenol #3 #30 is not medically necessary.

Neurontin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 18, 19.

Decision rationale: MTUS Guidelines recommend the use of Neurontin for neuropathic pain syndromes. Its use for widespread chronic pain is not supported in Guidelines. It is not documented that this patient has a neuropathic type of pain syndrome and it is documented that she had intolerable side effects during a trial. Under these circumstances, the Neurontin 300mg. #30 is not supported by Guidelines and is not medically necessary.