

Case Number:	CM15-0057662		
Date Assigned:	04/02/2015	Date of Injury:	07/31/2008
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/26/2015

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: California, Hawaii
 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 42 year old female, who sustained an industrial injury on 07/31/2008. She has reported subsequent neck pain, hand pain and numbness in both hands and was diagnosed with status post bilateral carpal tunnel releases, cervical sprain/strain, ganglion cyst of the right volar aspect of the wrist and cervicogenic headaches and migraines. Treatment to date has included oral and topical pain medication, TENS unit and physical therapy. In a progress note dated 12/23/2014, the injured worker complained of constant neck pain, headache and pain and numbness in both hands. Objective findings were notable for limited range of motion of the neck and a palpable ganglion cyst in the volar aspect of the wrist near the radiocarpal joint. A request for authorization of Amrix and Cambia was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 mg quantity 30.00: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck, head and bilateral hands. The current request is for Amrix 15 mg quantity 30.00. The treating physician report dated 3/16/15 (18B) states, "Flexeril 10 mg q. day p.r.n. neck spasms". MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use". MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided, indicate that the patient was prescribed this medication on 10/26/14. In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. Recommendation is for denial and the request is not medically necessary.

Cambia 50mg quantity 9.00 packets: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Zorvolex (diclofenac).

Decision rationale: The patient presents with pain affecting the neck, head and bilateral hands. The current request is for Cambia 50mg quantity 9.00 packets. The treating physician report dated 3/16/15 (18B) states, "diclofenac potassium 50mg twice daily for inflammation, 60". The ODG has the most up to date guidelines regarding diclofenac and states, "Not recommended except as a second-line option, because diclofenac products are not recommended as first-line choices due to potential increased adverse effects". The guidelines go on to state, "It is an expensive, brand name only, second-line medication with little to no place in the treatment of workers compensation injuries". In this case, oral diclofenac is not supported by the ODG guidelines. Furthermore, there is a lack of documentation in the reports provided of failed first-line medications for the treatment of inflammation. Recommendation is for denial and the request is not medically necessary.