

Case Number:	CM15-0085524		
Date Assigned:	06/01/2015	Date of Injury:	03/19/2010
Decision Date:	07/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 49-year-old female who sustained an industrial injury on 3/19/10. The injured worker was diagnosed as having cervical radiculopathy, impingement syndrome, carpal tunnel syndrome and sprain/strain of elbow. Currently, the injured worker was with complaints of pain in the neck, bilateral shoulders and bilateral upper extremities. Previous treatments included psychotherapy, activity modification, and medication management. Previous diagnostic studies included radiographic studies, electromyography, nerve conduction velocity study and a magnetic resonance imaging. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Botox injection: 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 Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: Based on the 03/30/15 progress report provided by treating physician, the patient presents with headaches and neck pain that radiates to the bilateral upper extremities, bilateral shoulder pain, and bilateral elbow pain. The patient is status post carpal tunnel release right hand 2009. The request is for one (1) Botox injection. Patient's diagnosis on 03/30/15 included cervical radiculopathy, bilateral impingement syndrome, peripheral neuropathy bilateral carpal tunnel syndrome, and sprain strain bilateral elbow. EMG dated 01/21/15 per 03/30/15 report "shows evidence for a bilateral median neuropathy at the wrist with the left greater than right. Treatment to date included imaging and electrodiagnostic studies, psychotherapy, injections, activity modifications and medications. Patient's medications include Anaprox, Flexeril, Prilosec and Bupropion. The patient is temporarily totally disabled, per 03/30/15 report. Treatment reports were provided from 04/11/14 - 05/29/15. MTUS Guidelines, pages 25- 26, Chronic Pain Medical Treatment Guidelines: Botulinum toxin (Botox; Myobloc) Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Per 03/30/15 report, treater states "requesting authorization for Botox injection for [patient's] migraines. " However, MTUS does not support Botox injections for neck pain, or myofascial pain, per patient's diagnosis. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request IS NOT medically necessary.

One (1) prescription of Flexeril 7. 5mg #90 with 1 refill: 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): 63-66.

Decision rationale: Based on the 03/30/15 progress report provided by treating physician, the patient presents with headaches and neck pain that radiates to the bilateral upper extremities, bilateral shoulder pain, and bilateral elbow pain. The patient is status post carpal tunnel release right hand 2009. The request is for ONE (1) prescription of Flexeril 7. 5MG #90 with 1 refill. Patient's diagnosis on 03/30/15 included cervical radiculopathy, bilateral impingement syndrome, peripheral neuropathy bilateral carpal tunnel syndrome, and sprain strain bilateral elbow. EMG dated 01/21/15 per 03/30/15 report "shows evidence for a bilateral median neuropathy at the wrist with the left greater than right. " Treatment to date included imaging and electrodiagnostic studies, psychotherapy, injections, activity modifications and medications. Patient's medications include Anaprox, Flexeril, Prilosec and Bupropion. The patient is temporarily totally disabled, per 03/30/15 report. Treatment reports were provided from 04/11/14 - 05/29/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine(Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. "Flexeril has been included in patient's medications per progress reports dated 02/04/15, 03/06/15 and 03/30/15. MTUS only recommends short-term use of muscle relaxants. The patient has been prescribed Cyclobenzaprine at least since 02/04/15 report, which is more than 2 months from UR date of 04/23/15. Furthermore, the request for quantity 90 with one refill does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

One (1) prescription of Prilosec 20mg #60 with 2 refills: 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 NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 03/30/15 progress report provided by treating physician, the patient presents with headaches and neck pain that radiates to the bilateral upper extremities, bilateral shoulder pain, and bilateral elbow pain. The patient is status post carpal tunnel release right hand 2009. The request is for one (1) prescription of Prilosec 20mg #60 with 2 refills. Patient's diagnosis on 03/30/15 included cervical radiculopathy, bilateral impingement syndrome, peripheral neuropathy bilateral carpal tunnel syndrome, and sprain strain bilateral elbow. EMG dated 01/21/15 per 03/30/15 report "shows evidence for a bilateral median neuropathy at the wrist with the left greater than right. " Treatment to date included imaging and electrodiagnostic studies, psychotherapy, injections, activity modifications and medications. Patient's medications include Anaprox, Flexeril, Prilosec and Bupropion. The patient is temporarily totally disabled, per 03/30/15 report. Treatment reports were provided from 04/11/14 - 05/29/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. " Prilosec has been included in patient's medications, per progress reports dated 12/18/14, 03/30/15 and 05/29/15. Per 03/30/15 report, the patient is allergic to NSAID's and treater plans to stop Anaprox. In this case, the patient is no longer on oral NSAID to indicate prophylactic use of PPI according to guidelines. Furthermore, there is no mention of dyspepsia due to NSAID therapy or any GI symptoms. Moreover, there is no discussion of how the patient is doing with the PPI, and with what efficacy. The patient has been taking a PPI at least for 5 months, and treater does not discuss why this medication should be continued. Therefore, the request for Prilosec IS NOT medically necessary.