

Case Number:	CM15-0088871		
Date Assigned:	05/13/2015	Date of Injury:	06/16/2014
Decision Date:	07/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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 43 year old male, who sustained an industrial injury on 06/16/2014. The initial complaints/mechanism of injury and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies and diagnostic imaging. Per the progress report dated 04/09/2015, the injured worker was being seen for follow-up. There were no subjective complaints listed on this report. However, objective findings included significant pain in the anatomic snuffbox of the right wrist, severe pain on ulnar deviation of the wrist, significant pain on extension and flexion of the wrist, and positive findings on Phalen's, Tinel and compression testing over the median nerve. Other positive test findings included Durkan's test, Prayer's sign, and Finklestein's test. There were no listed medications in current use. The diagnoses include right upper extremity overuse syndrome, history of crushing injury to the right wrist, rule out right wrist internal derangement, right de Quervain's stenosing tenosynovitis, and rule out right carpal tunnel syndrome. The request for authorization included Flexeril (unknown duration) dispensed, ibuprofen 800 mg (unknown duration) dispensed, Prilosec (unknown duration/frequency) dispensed, and methoderm gel dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (unknown duration) dispensed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 08/18/14 progress report provided by treating physician, the patient presents with pain to right forearm and wrist due to crush injury. The request is for Flexeril (unknown duration) dispensed. RFA not provided. Patient's diagnosis on 04/09/15 included right upper extremity overuse syndrome, history of right wrist crush, rule out right wrist internal derangement, right deQuervain's stenosing tenosynovitis, and rule out right carpal tunnel syndrome. Physical examination on 04/09/15 revealed significant pain in the anatomic snuffbox of the right wrist, severe pain on ulnar deviation of the wrist, significant pain on extension and flexion of the wrist. Positive Phalen's, Tinel's, Compression testing over the median nerve, Durkan's, Prayer's sign, and Finkelstein's tests. Treatment to date has included diagnostic imaging, physical therapy, chiropractic, labs and medications. Patient medications include Flexeril, Ibuprofen, Prilosec and Mentherm gel. The patient is temporarily totally disabled, per 04/20/15 report. Treatment reports were provided from 06/20/14 - 04/20/15. 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 08/18/14 and 04/09/15. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). This patient has been prescribed Flexeril at least since 08/18/14, which is 6 months from UR date of 04/20/15. Furthermore, quantity has not been specified in the request. Moreover, guidelines do not support open-ended requests such as this, which state "unknown duration." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Ibuprofen 800 mg (unknown duration) dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 08/18/14 progress report provided by treating physician, the patient presents with pain to right forearm and wrist due to crush injury. The request is for Ibuprofen 800mg (unknown duration). RFA not provided. Patient's diagnosis on 04/09/15 included right upper extremity overuse syndrome, history of right wrist crush, rule out right wrist internal derangement, right deQuervain's stenosing tenosynovitis, and rule out right carpal tunnel

syndrome. Physical examination on 04/09/15 revealed significant pain in the anatomic snuffbox of the right wrist, severe pain on ulnar deviation of the wrist, significant pain on extension and flexion of the wrist. Positive Phalen's, Tinel's, Compression testing over the median nerve, Durkan's, Prayer's sign, and Finkelstein's tests. Treatment to date has included diagnostic imaging, physical therapy, chiropractic, labs and medications. Patient medications include Flexeril, Ibuprofen, Prilosec and Mentherm gel. The patient is temporarily totally disabled, per 04/20/15 report. Treatment reports were provided from 06/20/14 - 04/20/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Ibuprofen has been included in patient's medications, per progress reports dated 06/27/14, 08/18/14, and 04/09/15. There is no documentation of improvement in function due to medication. In this case, the patient suffers from chronic pain for which Ibuprofen would be indicated, and continuing NSAID therapy at the treater's discretion would appear to be reasonable. However, guidelines do not support open-ended requests such as this, which state "unknown duration." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Prilosec (unknown duration/frequency) dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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 08/18/14 progress report provided by treating physician, the patient presents with pain to right forearm and wrist due to crush injury. The request is for Prilosec (unknown duration/frequency). RFA not provided. Patient's diagnosis on 04/09/15 included right upper extremity overuse syndrome, history of right wrist crush, rule out right wrist internal derangement, right deQuervain's stenosing tenosynovitis, and rule out right carpal tunnel syndrome. Physical examination on 04/09/15 revealed significant pain in the anatomic snuffbox of the right wrist, severe pain on ulnar deviation of the wrist, significant pain on extension and flexion of the wrist. Positive Phalen's, Tinel's, Compression testing over the median nerve, Durkan's, Prayer's sign, and Finkelstein's tests. Treatment to date has included diagnostic imaging, physical therapy, chiropractic, labs and medications. Patient medications include Flexeril, Ibuprofen, Prilosec and Mentherm gel. The patient is temporarily totally disabled, per 04/20/15 report. Treatment reports were provided from 06/20/14 - 04/20/15. 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." Treater has not provided medical rationale for the request. Prilosec has been included in patient's medications per 04/09/15 progress report. It is not known when Prilosec was initiated. Ibuprofen has been included in patient's medications, per progress reports dated 06/27/14, 08/18/14, and 04/09/15. In this case, the patient is on oral NSAID for which prophylactic use of PPI would be indicated by guidelines. However, there is no mention of dyspepsia due to NSAID therapy or any GI symptoms to support use of Prilosec. Given lack of documentation as required by guidelines, the request cannot be warranted. Furthermore, guidelines do not support open-ended requests such as this, which state "unknown duration/frequency." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Menthoderm gel, dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Salicylate topical Page(s): 111-113, 105.

Decision rationale: Based on the 08/18/14 progress report provided by treating physician, the patient presents with pain to right forearm and wrist due to crush injury. The request is for Menthoderm gel, dispensed. RFA not provided. Patient's diagnosis on 04/09/15 included right upper extremity overuse syndrome, history of right wrist crush, rule out right wrist internal derangement, right deQuervain's stenosing tenosynovitis, and rule out right carpal tunnel syndrome. Physical examination on 04/09/15 revealed significant pain in the anatomic snuffbox of the right wrist, severe pain on ulnar deviation of the wrist, significant pain on extension and flexion of the wrist. Positive Phalen's, Tinel's, Compression testing over the median nerve, Durkan's, Prayer's sign, and Finkelstein's tests. Treatment to date has included diagnostic imaging, physical therapy, chiropractic, labs and medications. Patient medications include Flexeril, Ibuprofen, Prilosec and Menthoderm gel. The patient is temporarily totally disabled, per 04/20/15 report. Treatment reports were provided from 06/20/14 - 04/20/15. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Treater has not provided medical rationale for the request. Menthoderm has been included in patient's medications per 04/09/15 progress report. MTUS supports the use of this medication for osteoarthritis and tendinitis of peripheral joints. In this case, the request for Menthoderm gel to treat the patient's right forearm and wrist would appear to be reasonable. However, treater does not discuss medication efficacy. MTUS p60 requires recording of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.