

Case Number:	CM14-0116527		
Date Assigned:	08/04/2014	Date of Injury:	10/27/2002
Decision Date:	10/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67-year-old male who reported an injury on 10/27/2002 after a severe fall due to electrocution. The injured worker reportedly sustained an injury to his cervical spine and bilateral upper extremities. The injured worker's treatment history included bilateral shoulder surgery, postoperative physical therapy, and multiple medications. The injured worker was evaluated on 06/02/2014. It was documented that the injured worker had continued left shoulder pain complaints. Objective findings included a positive Tinel's sign at the bilateral elbows, a positive Phalen's sign. The injured worker's diagnoses included bilateral carpal tunnel syndrome. The injured worker's treatment plan included carpal tunnel release of the left hand and continuation of medications. The request was made for Flexeril, however no justification for the request was provided. No Request for Authorization form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: 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 requested Flexeril 7.5 mg, #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule Guidelines does not recommend the long term use of muscle relaxants in the management of chronic pain. The California Medical Treatment Utilization Schedule Guidelines recommends that the duration of treatment of muscle relaxants be limited to 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration. Therefore, further use would not be supported by guideline recommendations. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 7.5 mg, #90 is not medically necessary or appropriate.

Protonix 20mg #120: Upheld

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

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

Decision rationale: The requested Protonix 20mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide any evidence that the patient has gastrointestinal upset related to medication usage. There is not an adequate assessment of the patient's gastrointestinal system to determine the injured worker's level of risk of developing gastrointestinal disturbances related to medication usage. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Protonix 20mg #120 is not medically necessary or appropriate.

Voltaren XR #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The requested Voltaren XR #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does provide any evidence of pain relief or

significant functional benefit related to medication usage. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Voltaren XR #120 is not medically necessary or appropriate.

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 5/325mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence the patient is monitored for aberrant behavior. Additionally, the clinical documentation fails to identify significant functional benefit or a quantitative assessment of pain relief to support the efficacy of this medication. Therefore, ongoing use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Norco 5/325mg #120 is not medically necessary or appropriate.