MAXIMUS Federal Services

Case Number:	CM14-0122443		
Date Assigned:	09/26/2014	Date of Injury:	05/09/2006
Decision Date:	11/20/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine 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 (IW) is a 52-year-old woman with a date of injury of May 9, 2006. The IW suffered and injury to her right wrist delivering a baby while working as a midwife. She was inserting an intrauterine pressure catheter and experienced a popping and tingling sensation in her right wrist. She finished her 24 hours shift without ending early. The injured worker was diagnosed with triangular fibrocartilage complex tear and tendonitis. During the end of August 2006, the IW participated in physical therapy. She underwent diagnostic radial carpal and mid-carpal arthroscopic debridement of the type 1A, and triangular fibrocartilage arthroscopic distal right ulnar wafer shortening and arthroscopic debridement of a partial lunotriquetral interosseous ligament tear. The IW started experiencing psychological symptoms weeks after the orthopedic injury May 9, 2006. In 2009 and 2010, the IW noticed that her arm was becoming increasingly inflamed. It was at that time that she decided to reopen her case. She has been diagnosed with major depressive disorder, single episode, moderate severity due to chronic orthopedic pain and occupational stress. Pursuant to the progress note dated December 19, 2013, the injured worker complains of chronic pain in the region of both shoulders, both arms including elbows and the wrists, as well as knees and ankles on the right ORIF. Current pain is rated 5/10, most of the time it is 2-5/10, but occasionally up to 7-8/10. The right wrist is worse with cold, at night, physical activity including repetitive movements. The pain is improved with rest, use of TENS unit, application of heat, physical therapy, and pain medications. Current medications include Vitamin D, Vitamin B-12, Omega-3, Motrin 800mg, and Cymbalta. Past treatments have included: Block therapy, physical therapy, biofeedback/meditation, and psychiatric intervention. Effects on daily activities include: Delayed onset of sleep with frequent awakenings, difficulty with concentration and focus, limited exercise due to increased pain. Neurological examination reveals: Cranial nerves II through XII intact bilaterally, motor 5/5 upper and lower extremities. Muscle tone and

bulk appear to be symmetrical and intact. Sensation intact, and vibration intact. Gait is intact. Negative Romberg's. No pronator drift.Diagnoses include: Chronic bilateral shoulder pain secondary to osteoarthritis; chronic bilateral elbow pain secondary to epicondylitis; right wrist arthroscopy, right wrist ulnar shortening; chronic bilateral knee pain secondary to osteoarthritis; bilateral distal lower extremity pain, unclear etiology; and chronic pain disorder associated with other psychological factors and a general medical condition.Treatment plan recommendations include: Multidisciplinary pain management, spinal injections and other types of injection therapy, behavioral medications, and functional restoration. The IW was given the following medications at the December 19, 2013 visit: Cymbalta 30mg, Lunesta 1mg, Voltaren gel 1%. The IW will follow-up with treating physician in 4-6 weeks. The documentation did not reflect any specific functional improvement or benefit as a result of prior use of above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amerix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Muscle Relaxants; Flexeril

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril (cyclobenzaprine) 5 mg #30 is not medically necessary. Flexeril is indicated using a short course of therapy. The effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment suggesting shorter courses may be better. Treatment should be brief. In this case, the injury is over eight years old and the symptoms are chronic. The documentation does not reflect when the injured worker started taking this medication. Flexeril is meant for a short term use. Consequently, the Flexeril is not indicated. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, Flexeril is not medically necessary.

Voltaren Gel, #100gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter, Topical Analgesics

Decision rationale: Pursuant to the Official Disability Guidelines, Voltaren gel 1% is not medically necessary. The Voltaren gel 1% is indicated for the relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle foot hand and wrist. It is not been evaluated for

treatment of the spine, hip or shoulder. In this case, the injured worker was being treated in the right shoulder and right wrist. The documentation does not reflect how long the injured worker has been using Voltaren gel 1% nor does the documentation reflect any specific functional benefit/improvement as a result of prior use. The gel may be indicated for the wrist but is not indicated for the shoulder. Consequently, the continued use of Voltaren gel 1% is not indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Voltaren Gel 1% is not medically necessary.

Lidoderm Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) - Work Loss Data Institute, Criteria for use of Lidoderm patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Lidoderm

Decision rationale: Pursuant to the Official Disability Guidelines, Lidoderm is not medically necessary. Lidoderm is a topical analgesic is largely experimental with few controlled trials to determine efficacy and safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Continued outcomes should be intimately measured and improvement does not continue, lidocaine patches should be discontinued. In this case, there is no documentation that reflects neuropathic peripheral pain. The injured worker complains of right shoulder pain and bilateral wrist pain. There is no documentation of any cervical or peripheral neuropathy. Additionally, the documentation does not reflect the length of time the injured worker has been using Lidoderm and consequently, continuation of Lidoderm is not indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidoderm is not medically necessary.

Retro: Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Urine Drug Testing

Decision rationale: Pursuant to the official disability guidelines, the Urine Drug Screen (UDS) is not medically necessary. The guidelines state urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addictions screening, pill counts and prescription drug monitoring reports. In this case, the injured worker was taking nonsteroidal

anti-inflammatory drugs (Motrin), vitamin D and B12, and Cymbalta (?). There is no documentation in the medical record as to suspected prescription drug use, misuse or diversion of prescribed substances. Additionally, there is no indication in the medical record that the patient was intoxicated or under the influence of any illicit/illegal substances. Consequently there was no concern for misuse or abuse of prescription drugs and the Urine Drug Testing/UDS is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, urine drug testing is not medically necessary.