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| Case Number: | CM14-0122809 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 09/21/2011 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 07/09/2014 |
| 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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 patient is a 56 year old female with a reported date of injury on 9/21/11 who requested certification for Naproxen 550 mg # 60 and Cyclobenzaprine Hydrochloride 7.5mg #60. The patient had previously been diagnosed with crush injuries of the left ring fingers and long fingers with osteoarthritis and ulnar drift. Progress note dated 6/11/14 notes that previous cortisone injections had been performed of the index and long fingers due to pain. She had undergone physical therapy without improvement. Her complaints at the time of evaluation include pain of the PIP joints of the left ring and index fingers. The pain is constant and present at rest. This affects her day-to-day activity. Medications include Celebrex, Celexa and Tylenol prn. Examination notes the middle finger curls over the ring finger when making a fist. There are mild 10-15 degree ulnar deformities of the PIP joints of the index and middle fingers. The left middle finger PIP joint ROM is reduced 30-90 degrees. The left ring finger PIP joint ROM is reduced 10-80 degrees. There is a very tender scar over the radial aspect of the ring finger middle phalanx. Grip strength is less on the left side as compared to the right side. There is osteoarthritic deformity of all the PIP joints, most severely over the ring finger with complete joint space obliteration. Treatment options include fusion versus joint arthroplasty. Prescriptions for Celebrex and Celexa were renewed. Clarification was made that the planned treatment was for the left ring and middle fingers. Utilization review dated 7/25/14 did not certify the prescriptions for Naproxen and Cyclobenzaprine. The following was certified: left ring and middle finger joint arthroplasty, post-op physical therapy, Norco, Zofran and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: 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 (non-steroidal anti-inflammatory drugs), Osteoarthritis, Page(s): page(s) 67..

Decision rationale: The patient is currently prescribed Celebrex for chronic pain of her fingers. An additional non-steroidal anti-inflammatory drugs (NSAID), Naproxen would not be indicated given her concurrent use of Celebrex and the plan for surgery. Post-operative pain treatment has been certified with the use of Norco. No further indication for additional pain control had been submitted. From Chronic Pain Medical Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Osteoarthritis, page(s) 67, Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008). The patient has already been prescribed Celebrex, additional NSAID in the form of Naproxen should not be considered medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #60: 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 Cyclobenzaprine (Flexeril), page(s) 41-42. Page(s): page(s) 41-42..

Decision rationale: The patient is currently prescribed Celebrex for chronic pain of her fingers. Post-operative pain treatment has been certified with the use of Norco. No further indication for additional pain control had been submitted. From Chronic Pain Medical Treatment Guidelines Cyclobenzaprine (Flexeril), page(s) 41-42, Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended.

(Clinical Pharmacology, 2008) Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. (Tofferi, 2004) Note: Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. (Kinkade, 2007) Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. Although there is some suggestion that cyclobenzaprine may have a post-op use, it is unclear from the medical records reviewed the rationale for use in this patient that is planned for hand surgery. Without sufficient justification, this medication for this patient should not be considered medically necessary.