

Case Number:	CM14-0128056		
Date Assigned:	08/15/2014	Date of Injury:	03/16/2010
Decision Date:	09/26/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 32-year-old male who reported an injury on 03/16/2010 reportedly while he was changing a 5 gallon water bottle that slipped in his grip so that he twisted his right wrist. The injured worker's treatment history included x-rays, physical therapy, cortisone injection, and medications. The injured worker was evaluated on 07/01/2014, and it was documented the injured worker complained of right shoulder pain. On the physical examination, there was cervical spine tenderness to touch with spasm. In the right shoulder, there was noted crepitus, and complained of clicking, popping, and instability. The injured worker reported that the right shoulder worsened about 6 months ago. The right elbow and wrist flare up intermittently. The pain was noted to be moderate to severe, rated 7/10 to 8/10, and was constant. The injured worker's pain with medication was rated 4/10 to 5/10, and without medication was rated 7/10 to 8/10. Medications included trazodone 200 mg, Relafen 750 mg, and Zanaflex 4 mg. Diagnoses included right elbow lateral epicondylitis, forearm/wrist overuse tendonitis with carpal tunnel syndrome, de Quervain's tenosynovitis, cervical spine. Request for Authorization dated 07/01/2014 was for trazodone 200 mg, Relafen 750 mg, and Zanaflex 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding NSAIDs, non-steroidal antiinflammatory drugs (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Naproxen is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Relafen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Relafen is taken by the injured worker. In addition, the request for Relafen did not include the frequency, duration or dosage. Given the above, the request is not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 04/10/2014; regarding non-sedating muscle relaxants.

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

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines recommend no sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care. However, the outcome measurements were not provided. The request failed to include duration and frequency of medication. The guidelines do not recommend Zanaflex to be used for long-term-use. Given the above, the request is not medically necessary.