

Case Number:	CM14-0131784		
Date Assigned:	08/20/2014	Date of Injury:	06/07/2010
Decision Date:	09/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 55 years old male with an injury date on 06/07/2010. Based on the 02/26/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical discopathy with radiculitis, progressively deteriorating. 2. Double crush syndrome. 3. Left shoulder impingement syndrome with partial rotator cuff tear. 4. Right shoulder impingement syndrome with partial tear of rotator cuff. 5. Electrodiagnostic evidence of chronic right C6 and C7 and left C7 radiculopathy. 6. Bilateral carpal tunnel syndrome. 7. Bilateral cubital tunnel syndrome. According to this report, the patient complains of persistent neck pain that radiates into the upper extremity with tingling and numbness and chronic headaches. Physical exam reveals tenderness at the cervical paravertebral muscles, upper trapezius muscles, subacromial space, and bilateral acromioclavicular joint. Axial compression test, spurling's, hawkin's, impingement, phalen's and tinel's test are positive. Cervical range of motion is restricted with due to pain. Decreased sensation of C5 to C7 dermatomes pattern was noted. There were no other significant findings noted on this report. The utilization review denied the request on 07/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/2014 to 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 22, 67, 68.

Decision rationale: According to the 02/26/2014 report by [REDACTED] this patient presents with persistent neck pain that radiates into the upper extremity with tingling and numbness and chronic headaches. The treater is requesting Diclofenac Sodium ER (Voltaren SR) 100mg. MTUS Guidelines pages 60 and 61 reveal the following regarding Non-Steroid Anti-Inflammatory Drugs (NSAIDs), "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. Review of reports show no mentions of Diclofenac Sodium ER and it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Therefore, the request of Diclofenac Sodium ER (Voltaren SR) 100mg #120 is not medically necessary and appropriate.

Orphenadrine Citrate 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

Decision rationale: According to the 02/26/2014 report by [REDACTED] this patient presents with persistent neck pain that radiates into the upper extremity with tingling and numbness and chronic headaches. The treater is requesting Orphenadrine Citrate 100mg #120. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP (Low Back Pain). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Orphenadrine Citrate #120; Orphenadrine Citrate is not recommended for long term use. Therefore, the request of Orphenadrine Citrate 100mg #120 is not medically necessary and appropriate.