MAXIMUS Federal Services

Case Number:	CM14-0137888		
Date Assigned:	09/05/2014	Date of Injury:	04/25/2011
Decision Date:	10/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 Orthopedic Surgery and is licensed to practice in Indiana. 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 35-year-old female bakery worker who sustained a work injury on 4/25/11. She has a history of chronic neck pain s/p cervical fusion performed on 8/30/13 for ACDF C5 - C7, and is also symptomatic from bilateral shoulder impingement, bilateral elbow lateral epicondylitis and cubital tunnel syndrome,and carpal tunnel syndrome/double crush syndrome. She has been treated with physical therapy, pharmacologic therapy, and home exercises for symptomatic pain relief. Specifically, the worker has tried ice, NSAIDs, analgesics, rest and heat application. The injured worked also has chronic headaches. A motor, sensory, and reflex examination of the upper extremities shows no deficits with 5/5-grip strength. The worker has cervical spine tenderness with a well-healed scar from surgery, spasm and decreased ROM of the cervical spine. The worker also has chronic lumbar pain with radiation to the lower extremities and tenderness, spasm and pain with terminal motion of the lumbar spine with a positive seated nerve root test. On shoulder exam, the worker exhibits anterior tenderness, a positive Hawkin's sign, a positive impingement sign, and pain on terminal motion and limited motions. An elbow examination revealed tenderness over the lateral epicondyle with a positive Cozen's sign with pain with terminal flexion, and a positive Tinel's sign at the cubital tunnel with extension to the two ulnar digits. On 1/24/12 the worker had an EMG of the upper extremities that showed no evidence of acute cervical radiculopathy, carpal tunnel syndrome, or ulnar neuropathy. Medications to date have included gabapentin, Naprosyn, omeprazole, cyclobenzaprine, and hydrocodone. The treating physician is requesting approval for continued medical treatment of the injured worker's pain with Diclofenac Sodium ER 100 mg # 120 and Cyclobenzaprine Hydrochloride 7.5 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg Qty. 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46,Chronic Pain Treatment Guidelines Page(s): 67 - 69.

Decision rationale: According to the ACOEM guidelines, Non-steroidal anti-inflammatory drugs(NSAIDs), including aspirin and ibuprofen, also are effective (for acute musculoskeletal pain), although they can cause gastrointestinal irritation or ulceration or, less commonly, renal orallergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. According to the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.For these reasons, and since the worker has already been on long-term treatment with another NSAID, Naprosyn, the requested Diclofenac Sodium ER does not meet the guidelines and is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg Qty. 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) - for chronic pain Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Flexeril is 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.Because the requested treatment is for long-term use of cyclobenzaprine (Flexeril) and this does not meet the guidelines, the requested treatment with cyclobenzaprine is not medically necessary. Short term use for weaning, however, may be necessary.