MAXIMUS Federal Services

Case Number:	CM14-0140656		
Date Assigned:	09/10/2014	Date of Injury:	12/08/2013
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational 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:

Injured worker is a female with date of injury 12/8/2013. Per primary treating physician's initial orthopedic evaluation and treatment dated 6/6/2014, the injured worker complains of injury to her back, right wrist/hand, legs as well as gastrointestinal and internal issues. She experiences right wrist and hand pain with pain radiating through her forearm to the elbow. She describes the pain as aching. She has swelling and tingling in her wrist, hand and fingers. She has weakness and cramping in the right hand. The pain is exacerbated when twisting and turning her wrist, hand or fingers. She experiences increased pain when gripping, grasping and holding. She relates that repetitive movement of her right hand and gingers aggravates the pain symptoms. She relates sharp pain in the low back that radiates down the lower extremities, extending to her legs. She describes pain on the left more than right side of her back. She has numbness and tingling in the legs. She has weakness in the lower extremities. The pain is aggravated when bending, twisting and turning. She experiences increased pain with prolonged sitting, standing and walking. She is unable to sit for more than 25 minutes and is unable to stand or walk longer than 10-15 minutes before she feels increased pain. She complains of throbbing pain in the legs from the thigh to the ankle. She has weakness and instability in the legs. She has difficulties ascending and descending stairs and has to hold on to railing. She states that she walks with an uneven gait. She experiences increased pain when bending, stooping and squatting. The pain is exacerbated with prolonged sitting, standing and walking. On examination the lumbar spine has hypolordosis at rest. There is tenderness of the paraspinals. There is mild spasm. Guarding is present with motion. Straight leg raise maneuver is positive on the left, and negative on the right. Range of motion is limited with extension causing a bit more pain the flexion. Strength is intact throughout all lower extremity myotomes. Sensation is diminished in the left L4, L5, and S1 dermatomes. The left Achilles reflex is absent. The right wrist has tenderness about the carpal area and the

carpal compression test is positive. Right wrist strength is 4/5 in dorsiflexion, volar flexion, radial deviation and ulnar deviation. There is no sign of instability about the right wrist. Diagnoses include: 1) right wrist tenosynovitis; 2) L4-5 spondylolisthesis with right lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the claims administrator, the injured worker has been taking Diclofenac XR 100 mg since at least 3/17/2014. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Medical necessity for this request has not been established. The request for Diclofenac XR 100mg #30 is determined to not be medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. Therefore, the request for Cyclobenzaprine 7.5mg #60 is determined to not be medically necessary.

APAP with Codeine 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Therefore, the request for APAP with Codeine 300/30mg #60 is determined to not be medically necessary.