

Case Number:	CM14-0141866		
Date Assigned:	09/10/2014	Date of Injury:	09/13/2011
Decision Date:	10/31/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family 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:

This injured worker's date of injury is 09/13/2011. The initial injury occurred as a result of a motor vehicle accident. The patient received physical therapy and a TENS unit. For the wrist, the patient received a splint. This patient receives treatment for chronic neck and low back pain and left wrist pain. A cervical MRI on 12/10/2012 revealed some foraminal stenoses and spondylotic changes. A wrist MRI on 01/23/2014 showed synovitis and some degenerative changes. On exam there was tenderness to palpation in the paraspinal muscles in both the neck and the low back. The medical diagnoses include: cervical strain, lumbar strain, and L wrist sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550MG #60 Dispensed: 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), Page(s): page(s) 67-68.

Decision rationale: NSIADS may be medically indicated for treating osteoarthritis or as a second line treatment for low back pain flair ups. When used for OA the lowest dose for the

shortest length of time is indicated. This patient has chronic neck, low back, and wrist pain. Naproxen is not medically indicated.

Cyclobenzaprine 7.5MG #60 Dispensed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): page(s) 63-65.

Decision rationale: Muscle relaxants may be medically indicated with caution as a short-term, second tier treatment for the acute exacerbations of chronic back pain. When used for a long time, muscle relaxers can become habit forming and are not recommended. Cyclobenzaprine is not medically indicated.

Docuprene 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate.com; Treatment of constipation

Decision rationale: Docuprene is a stool softener that can be used for the constipation associated with certain drugs, such as opioids. This patient is not taking any approved opioids, nor has the treating physician provided documentation that specifies the medical indication for this medication. Docuprene is not medically indicated.

TENS Electrodes x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): page(s) 114-117.

Decision rationale: TENS may be medically indicated to treat CRPS, neuropathic pain, spasticity, Multiple Sclerosis, or Phantom limb pain. The documentation does not support any of these diagnoses. TENS is not medically indicated.