

<b>Case Number:</b>	CM14-0210662		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 presents with a work related injury on 10/24/2012. The patient was diagnosed with left wrist strain/sprain, right wrist strain/sprain, right De Quervain's disease, right carpal tunnel syndrome, and left carpal tunnel syndrome. The patient complained of frequent moderate, dull and achy neck pain, having been radiating to bilateral upper trapezius muscle associated with looking up and down, standing, walking, bending, twisting, reaching and greeting. The patient also complained of frequent moderate dull and achy upper/mid back pain and associated with bending, twisting, pushing, pulling and turning. The patient also complained of moderate dull and achy low back pain and weakness radiating to the left lower extremity with weakness associated with standing, walking, bending and twisting. Additionally the patient complained of left shoulder pain and bilateral elbow pain as well as bilateral wrist pain. The pain is associated with insomnia and psychological complete. The physical exam was significant for cervical spine exam revealed 3+ tenderness to palpation of the paravertebral muscles, bilateral PPI, and cervical thoracic junction. There is most spasm the back vertebral muscles and bilateral trapezius. Range of motion is restricted with flexion 40, extension 45, lateral bending left 30/right 36 and rotation to 55 degrees. Cervical compression shoulder depression caused pain bilaterally. Thoracic spine exam revealed tenderness to palpation with muscle spasm of the paravertebral muscles and bilateral trapezius. Range of motion is restricted flexion 10 and rotation 50 bilaterally., Pain bilaterally. Lumbar spine exam revealed tenderness to palpation at the paravertebral muscle, iliac joint and bilateral gluteus. Range of motion is restricted with flexion 30 extension 15 and lateral bending 15 bilaterally. The caused pain bilaterally. Straight leg raise test caused radiating pain on

the left side, bilateral shoulder exam revealed 13 tenderness to palpation the anterior, posterior and lateral shoulder. Range of motion is restricted with flexion left 150/right, extension 40 bilaterally, abduction left 150/right 53, abduction 10 bilaterally, internal rotation less than 5/right degrees and external rotation left leg/right 53. The test, Neer's tests and supraspinatus press caused pain. Bilateral elbow exam reveals range of motion decreased with flexion 135 and extension 0.: Test produces pain on the right.. 3+ tenderness to palpation of the lateral elbow bilaterally. Bilateral wrist exam revealed 3+ tenderness to palpation of the volar wrist and left. Range of motion is restricted. Finkelstein and Phalen's test caused pain bilaterally. A claim was made for multiple medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Promolaxin 100 mg, 100 ocunt:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Promolaxin 100 mg, 100 count is not medically necessary. Per Ca MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation should be initiated. The medical records lack documentation that opioids were recently initiated or an issue with constipation as a result thereof. Additionally, treatment of the claimant's chronic pain with opioid is not indicated; therefore, based on CA MTUS guidelines and review of the medical records, Promolaxin 100mg is not medically necessary.

**Omeprazole 20 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64.

**Decision rationale:** Omeprazole 20 mg ninety count is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.

**Naproxen 550 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** Naproxen 550 mg ninety count is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on anti-inflammatory medication. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

**Flexeril 10 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 43.

**Decision rationale:** Flexeril 10mg sixty count is not medically necessary. is not medically necessary for the client's chronic medical condition. Flexeril is cyclobenzaprine. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

**Ibuprofen 800 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** Ibuprofen 800mg sixty count is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time the claimant has been on anti-inflammatory

medications. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.