

Case Number:	CM14-0216308		
Date Assigned:	01/06/2015	Date of Injury:	04/27/2004
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/24/2014

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: New York
Certification(s)/Specialty: Neurological Surgery

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 69 year old male corrections officer with date of injury 04/07/2004 according to the PR2 of 12/21/13 was complaining of stiffness in left am/hand , with pain especially at night. Mechanism of original injury is not found in the documentation, Medications and compound creams were noted to be helpful. Exam showed tenderness in the left parspinals. Tinels and Phalens were positive at the wrists. Medications and compound creams were advised. Documentation of 05/07/12 indicated he had had a C3-4 arthroplasty with osseous fusion at C4-5 and C5-6. 10/23/12 EMG/NCS of upper extremities very clearly showed bilateral carpal tunnel more severe on the left. Followup PR2's of 03/10/14, 6/18/14 and 11/29/14 are unchanged. According to the PR2 of 11/29/14, motor strength was 5/5 in upper and lower extremities, sensation was diminished to light touch and pinprick in bilateral median distribution. He had a full range of motion of the cervical spine with tenderness in the left paraspinal musculature. Diagnoses were cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc displacement and bilateral carpal tunnel syndrome. The Utilization Review of 12/15/2014 denied the request for Fexmid (Cyclobenzaprine) 7.5 mg QTY:120; Prilosec DR 20 mg, QTY 90; Cyclobenzaprine 10%/ Tramadol 10% topical cream 15gm/60gm; Fluiprofen25%/menthol 10% Camphor creams; Motrin 800 mg, QTY 90; Carpal Tunnel release surgery; and Urine Toxicology testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (cyclobenzaprine) 7.5mg BID QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 41 and 64.

Decision rationale: California MTUS guidelines note that cyclobenzaprine is an antispasmodic medication suggested for a short course of therapy, treatment should be brief. (p41, 64) The documentation for this worker does not suggest spasms. ODG guidelines (Medication chapter) does not recommend cyclobenzaprine for chronic use.

Prilosec DR 20mg BID QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Medication Chapter

Decision rationale: Prilosec DR(omeprazole), a proton pump inhibitor, antacid, is suggested for use in patients at risk of gastrointestinal events or with a history of gastrointestinal problems receiving steroids or non-steroidal anti-inflammatory drugs. No history is given in this worker of such problems. Therefore, the request is not medically necessary.

Cyclobenzaprine 10%/Tramadol 10% topical cream 15gm/60gm QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Medications chapter

Decision rationale: The ODG guidelines recommend topical analgesics when trials of other medications have failed. Compounded agents requires knowledge of the specific analgesic effect of each agent. Documentation does not supply assurance this is the case.

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% 30gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Medications Chapter

Decision rationale: The ODG guidelines recommend topical non-steroidal antiinflammatory agents when the patient is unable to tolerate oral administration. Diclofenac is the only FDA approved medication. Compounded agents requires knowledge of the specific analgesic effect of each agent, and there is little research available in terms of bioavailability. Documentation does not supply assurance of efficacy this is the case.

Carpal Tunnel release Surgery QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Carpal Tunnel Release

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Surgical decompression of the median nerve to relieve a median nerve compression in a worker with symptoms of a Carpal Tunnel Syndrome (CTS) should be supported by electrodiagnostic studies as the poorest results occur in those with the mildest symptoms.(MTUS Forearm, Wrist Hand complaints p. 270) Documentation does not provide recent studies. The ODG guidelines recommends a trial of night wrist splints and home exercise training. There is no documentation this was tried.

Urine toxicology testing QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines Page(s): 108-109.

Decision rationale: When patients are taking opioids or analgesics that raise the possibility of substance abuse, the California MTUS (Chronic Pain Medical Treatment Guidelines, p108-109) offers specific criteria for substance abuse. One of the cornerstones of chronic pain management is a contract with the patient . Documentation does not show the worker is taking opioids. Documentation does not show fulfillment of the criteria for substance abuse or the necessity of urine toxicology testing.