

Case Number:	CM15-0006262		
Date Assigned:	01/26/2015	Date of Injury:	12/27/2012
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained a cumulative trauma industrial injury dating 05/17/2012-05/17/2013. The diagnoses have included cervical, thoracic, lumbar, and bilateral shoulder sprain/strain, bilateral elbow lateral epicondylitis, and bilateral hand/wrist subchondral cyst with right carpal tunnel syndrome status post left carpal tunnel release with residuals. Treatments to date have included physical therapy and medications. No diagnostic studies noted in received medical records. In a progress note dated 11/19/2014, the injured worker presented with complaints of cervical, thoracic, and lumbar spine pain, bilateral shoulder pain, bilateral wrist/hand pain, and bilateral elbow pain. The treating physician reported increased activities of daily living with epidural steroid injection and medications. Utilization Review determination on 12/30/2014 non-certified the request for Flexeril 5mg #30, Prilosec 20mg #30, and Chiropractic Treatments 2 times a week for 4 weeks to the shoulder, neck, thoracic/lumbar region, wrist and hand citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with cervical spine, lumbar spine, thoracic spine, bilateral shoulder, bilateral wrist/hand, and bilateral elbow pain. The treater is requesting FLEXERIL 5 MG, QUANTITY #30. The RFA was not made available for review. The patient's date of injury is from 12/27/2012 and her current work status is off work. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants - amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Flexeril on 06/23/2014. In this case, the long-term use of Flexeril is not supported by the MTUS Guidelines. The request IS NOT medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with cervical spine, lumbar spine, thoracic spine, bilateral shoulder, bilateral wrist/hand, and bilateral elbow pain. The treater is requesting PRILOSEC 20 MG, QUANTITY #30. The RFA was not made available for review. The patient's date of injury is from 12/27/2014 and the patient is currently off work. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; -3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or -4- high dose/multiple NSAID -e.g., NSAID + low-dose ASA-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The record showed that the patient was prescribed Prilosec on 06/23/2014 for stomach protection. None of the reports document gastrointestinal events or gastrointestinal issues. In this case, the MTUS Guidelines do not support the routine use of PPIs without any documentation of gastrointestinal events. The request IS NOT medically necessary.

Chiropractic treatments 2 times a week for 4 weeks, shoulder, neck, thoracic/lumbar region, wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with cervical spine, lumbar spine, thoracic spine, bilateral shoulder, bilateral wrist/hand, and bilateral elbow pain. The treater is requesting CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 4 WEEKS, SHOULDER, NECK, THORACIC/LUMBAR REGION, WRIST, AND HAND. The RFA was not made available for review. The patient date of injury is from 12/27/2012 and she is currently off work. The MTUS Guidelines on Manual Therapy and Treatments pages 58 and 59 recommend this treatment for chronic pain if caused by musculoskeletal conditions. It is not recommended for the ankle, foot, forearm, wrist and hand and knee. A trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. The records do not show any history of prior chiropractic treatments. While a trial of chiropractic treatment is appropriate for the patient's chronic pain, the MTUS Guidelines do not recommend chiropractic treatment for the forearm, wrist, and hand. The request IS NOT medically necessary.