

Case Number:	CM15-0012706		
Date Assigned:	01/30/2015	Date of Injury:	12/01/2009
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 45 year old female, who sustained an industrial injury on December 1, 2009. She has reported injury to her neck and right shoulder. The diagnoses have included chronic neck pain with disc bulging C5-6 on the right, strain of the right shoulder with impingement, bilateral carpal tunnel syndrome, left shoulder impingement and bilateral ulnar neuritis with cubital tunnel syndrome. Treatment to date has included diagnostic studies, surgeries, medication and physical therapy. Currently, the injured worker complains of radicular pain down the right side of her neck to the triceps region. Symptoms include intermittent radicular pain, numbness, tingling and weakness. She rated her pain as a 7 on the 1-10 pain scale. On January 9, 2015 Utilization Review non-certified Baclofen 10mg #90 and Zorvolex 35mg #90, noting the Official Disability Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of Baclofen 10mg #90 and Zorvolex 35mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic neck pain with disc bulging C-5 & C6 on the right; strained right shoulder with impingement and AC arthritis status post repeat subacromial decompression and Mumford procedure with debridement type; bilateral carpal tunnel syndrome with entrapment ulnar nerve at Guyon's canal on the left status post right carpal tunnel release; left shoulder impingement as a compensatory consequence injury; and bilateral ulnar neuritis with cubital tunnel syndrome. Subjectively, the injured worker complains of intermittent radicular pain down the right side of her neck to the triceps region with intermittent numbness and tingling in the left hand on the ulnar side that radiates proximally to the elbow. Objectively, range of motion is full at the cervical spine. There is decreased sensation in the right third digit and left fifth digit. There is moderate atrophy of the left first dorsal interosseous muscle. Tinel's sign was grossly positive right elbow, left elbow and left wrist. A December 22, 2014 progress note shows the injured worker is taking baclofen 10 mg. A September 14, 2014 progress note indicates the injured worker was taking Soma. There is no clinical rationale in the December 22, 2014 progress note indicating why the treating physician switched from one muscle relaxant, Soma to another, Baclofen. Additionally, there was no objective functional improvement in the medical record as it pertains to Soma. Consequently, absent clinical documentation to support the change from Soma to Baclofen without evidence of objective functional improvement and clinical rationale for the change, Baclofen 10 mg #90 is not medically necessary.

Zorvolex 35mg #90: 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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zorvolex 35 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are chronic neck pain with disc bulging C-5 & C6 on the right; strained right shoulder with impingement and AC arthritis status post repeat subacromial

decompression and Mumford procedure with debridement type; bilateral carpal tunnel syndrome with entrapment ulnar nerve at Guyon's canal on the left status post right carpal tunnel release; left shoulder impingement as a compensatory consequence injury; and bilateral ulnar neuritis with cubital tunnel syndrome. Subjectively, the injured worker complains of intermittent radicular pain down the right side of her neck to the triceps region with intermittent numbness and tingling in the left hand on the ulnar side that radiates proximally to the elbow. Objectively, range of motion is full at the cervical spine. There is decreased sensation in the right third digit and left fifth digit. There is moderate atrophy of the left first dorsal interosseous muscle. Tinel's sign was grossly positive right elbow, left elbow and left wrist. A December 22, 2014 progress note shows the injured worker is taking Zorvolex. A September 14, 2014 progress note indicates the injured worker was taking Naprosyn. There is no clinical rationale in the December 22, 2014 progress note indicating why the treating physician switched from one non-steroidal anti-inflammatory, Naprosyn to another, Zorvolex. The treating physician changed nonsteroidal anti-inflammatory drugs because of patient related gastrointestinal distress. There were no specific symptoms noted in the record. Additionally, there was no objective functional improvement in the medical record as pertains to Naprosyn. The injured worker did not have any risk factors for gastrointestinal events such as peptic ulcer disease, G.I. bleeding or concurrent use of aspirin. Consequently, absent clinical documentation to support the change from Naprosyn to Zorvolex without evidence of objective functional improvement with the first nonsteroidal anti-inflammatory drug Naprosyn, Zorvolex 35 mg #90 is not medically necessary.