

Case Number:	CM15-0115289		
Date Assigned:	06/23/2015	Date of Injury:	03/28/2013
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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 51 year old female, who sustained an industrial/work injury on 3/28/13. She reported initial complaints of neck, shoulder, upper extremities, back, and ankle pain. The injured worker was diagnosed as having cervicgia, bilateral impingement syndrome of shoulder, bilateral elbow, wrist pain, bilateral carpal tunnel syndrome, radiculopathy, bilateral pain in ankle and joints of foot. Treatment to date has included medication. Currently, the injured worker complains of severe headaches that cause eye pain, burning radicular pain and muscle spasms, associated with numbness of the left hand, described as 4/10. There is also burning shoulder pain radiating down the arms to the fingers associated with muscle spasms rated 4-5/10. Additionally, there was also burning bilateral wrist pain and muscle spasms and burning radicular low back pain and ankle pain. Per the primary physician's progress report (PR-2) on 4/3/15, there is tenderness to palpation at both lateral aspects of the occipital, associated with headaches into the top of the head and scalp, tenderness to palpation at the scalene and over the sternocleidomastoid muscles. There was limited range of motion to the cervical spine with positive cervical distraction/compression tests. There was tenderness to palpation at the trapezius, levator scapula, supraspinatus, and rhomboid muscles with a trigger point noted. There is tenderness to palpation at the AC (acromioclavicular) joint with crepitus with range of motion. Bilateral shoulders had limited range of motion with positive Neer's and Hawkin's tests. The elbows had palpable tenderness over the lateral epicondyle. Cozen's sign and Tinel's test was positive. Bilateral wrists demonstrated atrophy at the thenar muscle and tenderness at the carpal tunnel. Neurological exam of the upper extremities noted slightly diminished sensation along the

median nerve distribution, motor strength of 4/5. The lumbar spine had tenderness along the paraspinals and both sciatic notches, quadratus lumborum, with trigger point noted. The ankles noted tenderness over the medial aspect at the tarsal tunnel. The requested treatments include Cyclobenzaprine, Gabapentin, and Menthol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: 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 Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2013. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine is not medically necessary and appropriate.

Gabapentin: 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 Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin is not medically necessary and appropriate.

Menthol: 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 Topical Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Menthol along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Menthol is not medically necessary and appropriate.