

Case Number:	CM15-0119670		
Date Assigned:	06/30/2015	Date of Injury:	08/17/2012
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 8/17/2012. The mechanism of injury is unknown. The injured worker was diagnosed as status post cervical fusion, cervical radiculopathy, bilateral shoulder impingement, bilateral shoulder adhesive capsulitis, bilateral carpal tunnel syndrome and lumbar degenerative disc disease. Cervical magnetic resonance imaging showed multi-level cervical disc bulging and evidence of cervical fusion. Treatment to date has included surgery, therapy and medication management. In a progress note dated 5/5/2015, the injured worker complains of neck pain that radiates to the shoulders, rated 9-10/10 without medications. Physical examination showed decreased cervical range of motion with cervical muscle spasm and tenderness over the cervical trapezial ridge, left shoulder impingement with painful range of motion and positive bilateral wrist Tinel, Phalen and Durkin compression and grip strength. The treating physician is requesting right carpal tunnel release and Flexeril 10 mg #90. She was recommended to continue her current medications (which included Flexeril). Electrodiagnostic studies from 9/26/14 are stated to document findings of bilateral carpal tunnel syndrome, right greater than left. Previous medication list from 1/13/15 note flexeril, Norco, topical analgesia and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 59 year old female with signs and symptoms of possible right carpal tunnel syndrome that has failed some conservative management of NSAIDs and activity modification that is supported by electrodiagnostic studies. However, specific documentation of splinting and consideration of a steroid injection to facilitate the diagnosis is lacking. In addition, the severity of the carpal tunnel syndrome on EDS was not provided. The examination detail does not include signs of a severe condition to include but not limited to thenar atrophy, which could obviate the need for the recommended conservative management. Therefore, right carpal tunnel release in this patient should not be considered medically necessary. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The patient is a 59 year old female with chronic neck and shoulder pain who by review of the documentation has been on Flexeril chronically. On the most recent documentation from 5/5/15, the patient is not noted to have an acute exacerbation of her chronic pain and was recommended to continue her current medications (which included Flexeril). She had been noted to have been taking Flexeril on previous examinations as well. From Chronic Pain treatment guidelines on page 41, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other

agents is not recommended. (Clinical Pharmacology, 2008) From page 64, This medication is not recommended to be used for longer than 2-3 weeks. Thus, continued chronic treatment of her chronic neck and shoulder pain with Flexeril is not consistent with the guidelines and should not be considered medically necessary.