

Case Number:	CM15-0122947		
Date Assigned:	07/07/2015	Date of Injury:	03/07/2014
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 49 year old female sustained an industrial injury to the neck, shoulders, wrists, elbows, knees, right ankle and low back on 1/5/14. Previous treatment included magnetic resonance imaging, right knee arthroscopy (10/23/14), left knee arthroscopy with meniscectomy (3/23/15), physical therapy, chiropractic therapy, epidural steroid injections and medications. In a PR-2 dated 5/6/15, the injured worker complained of neck pain associated with numbness and tingling of bilateral upper extremities, bilateral shoulder pain, bilateral elbow pain associated with weakness, numbness, tingling and pain radiating to the hands and fingers, bilateral wrist pain, low back pain associated with numbness and tingling of bilateral lower extremities, bilateral knee pain with pain, numbness and tingling radiating to bilateral feet and right ankle pain. The injured worker rated her pain 4-6/10 on the visual analog scale. The injured worker also complained of headaches, visual disturbances, stress, anxiety, insomnia and depression. Current diagnoses included visual disturbance, headaches, cervicgia, cervical disc displacement, cervical spine radiculopathy, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, low back pain, lumbar spine intervertebral disc displacement, rule out lumbar spine radiculopathy, bilateral knee pain, right ankle pain, mood disorders, anxiety disorder, stress and sleep disorder. The treatment plan included requesting a cane, three sets of platelet rich plasma treatments to bilateral knees, a functional capacity evaluation, a psychology evaluation and medications (Deprizine, Dicopanor, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen Cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #60, Rx 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given that the provided documents clearly state that Meloxicam is already being taken (May 2015 note) and in light of the chronic nature of the treatment, the risk of continued use of additional NSAIDs likely outweighs the benefit and therefore the treatment is not considered medically necessary.

Cyclobenzaprine 5mg #60, Rx 5/27/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxers Page(s): 63.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on other muscle relaxers based on the provided documents, and lack of clarity as to why a second drug of the same class is being requested, the request for additional muscle relaxers cannot be considered medically necessary and appropriate.