

Case Number:	CM15-0148795		
Date Assigned:	08/25/2015	Date of Injury:	12/20/2012
Decision Date:	10/08/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

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: Arizona, Michigan

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:

The injured worker is a 60 year old female who sustained an industrial injury on 12-20-12. The injured worker was diagnosed as having anxiety, depression, ongoing complex regional pain syndrome right upper extremity, chronic pain, and status post shoulder arthroscopy and status post right hand-wrist crush injury. Currently, the injured worker reported pain in the neck, right upper extremity, right facial pain and headaches. Previous treatments included transcutaneous electrical nerve stimulation unit, oral pain medication and therapy. Previous diagnostic studies included a magnetic resonance imaging. Work status was noted as currently not working. The injured workers pain level was noted as 6 out of 10 with medications, and 8 out of 10 without medications. Physical examination was notable for tenderness to the posterior right hand, right scapular, right rotator cuff, right acromioclavicular joint, right anterior and posterior shoulder, decreased right shoulder and right wrist range of motion due to pain, hypersensitivity present in the right upper extremity. The plan of care was for Naproxen 550 milligrams quantity of 120, EnovaRx-Ibuprofen 10% kit quantity of 2, Clorazepate 7.5 milligrams quantity of 30 and Cyclobenzaprine 7.5 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Overturned

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 NSAIDS Page(s): 67-73.

Decision rationale: The request is for Naproxen 550 milligrams quantity of 120. Currently, the injured worker reported pain in the neck, right upper extremity, right facial pain and headaches. CA MTUS recommends the lowest dose NSAID for the shortest period in patients with moderate to severe pain. 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." CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short term option. A review of the injured workers medical records reveal that she has moderate pain with documented benefit with the use of Naproxen, the continued use appears appropriate; therefore the continued use of Naproxen is medically necessary.

Enovarx-Ibuprofen 10% kit #2: 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 Analgesics Page(s): 111-113.

Decision rationale: The request is for EnovaRx-Ibuprofen 10% kit quantity of 2. Currently, the injured worker reported pain in the neck, right upper extremity, right facial pain and headaches. CA MTUS Guidelines indicate that topical NSAIDs are indicated for osteoarthritis of the knees, elbow or other joints that are amenable to topical treatments. The guidelines specifically indicate that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Provider documentation does not show a trial of a first-line therapy as recommended by CA MTUS. As such, the request for EnovaRx-Ibuprofen 10% kit quantity of 2 is not medically necessary.

Clorazepate 7.5mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: The request is for Clorazepate 7.5 milligrams quantity of 30. Currently, the injured worker reported pain in the neck, right upper extremity, right facial pain and headaches. CA MTUS recommendations state that Benzodiazepines have unproven efficacy and are therefore not recommended for long term use. CA MTUS states that "Chronic benzodiazepines are the treatment of choice in very few conditions." "Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Provider documentation dated 1-28-15 noted a renewed prescription for Clorazepate. This exceeds the time frame recommended by the guidelines. The requested prescription is for an unstated number of refills. As such, the request for Clorazepate 7.5 milligrams quantity of 30 is not medically necessary.

Cyclobenzaprine 7.5mg #60: 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 Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

Decision rationale: The request is for Cyclobenzaprine 7.5 milligrams quantity of 60. Currently, the injured worker reported pain in the neck, right upper extremity, right facial pain and headaches. CA MTUS recommendations state Cyclobenzaprine (Flexeril) is to be used as an option, using a short course of therapy further stating that "The addition of Cyclobenzaprine to other agents is not recommended." CA MTUS recommends "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Documentation does not give evidence the clear efficacy of this medication for injured workers pain and there are no objective findings of muscle spasm, without this information, medical necessity is not established, therefore the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.