

Case Number:	CM15-0178939		
Date Assigned:	09/21/2015	Date of Injury:	12/02/2014
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on December 2, 2014. The injured worker was being treated for herniated nucleus pulposus at cervical 5-6 and cervical 6-7 with radiculopathy, mimicking right upper extremity overuse, right wrist sprain, cervical spine sprain and strain, lumbar spine sprain and strain, lumbar spine herniated nucleus pulposus, and lumbar radiculopathy. Medical records (April 22, 2015 to August 6, 2015) indicate ongoing radicular neck pain with numbness and tingling of bilateral upper extremities, right wrist pain with numbness, tingling, and weakness of the hand and fingers, and radicular low back pain with numbness and tingling of bilateral lower extremities. The medical records show the subjective pain rating shows no significant improvement from 7 out of 10 on April 22, 2015 to 7-8 out of 10 on August 6, 2015. Records also indicate no change in her activities of daily living. The physical exam (April 22, 2015 to August 6, 2015) reveals slight improved cervical flexion and extension, slight improved range of motion of the right wrist, and unchanged lumbar range of motion. There is continued tenderness to palpation at the occiputs, trapezius, sternocleidomastoid, and levator scapula muscles. There is continued tenderness to palpation at the right wrist carpal tunnel and the first dorsal extensor muscle compartment. There is continued tenderness to palpation with spasms at the lumbar paraspinal muscles and over the lumbosacral junction, a posterior superior iliac spine trigger point, and sciatic notch tenderness. There is continued decreased sensation over the C5-T1 (cervical 5-thoracic 1) dermatomes in the bilateral upper extremities and over the L4-S1 (lumbar 4-sacral 1) in the bilateral lower extremities. On March 12, 2015, an MRI with flexion and extension of the cervical spine revealed straightening of the cervical lordosis and decreased flexion and extension. There is disc desiccation at C2-C3 (cervical 2-cervical 3) down to C6-C7 (cervical 6-cervical 7). At C5-C6 (cervical 5-cervical 6),

there is a broad-based disc herniation indenting the thecal sac with concurrent uncovertebral degenerative change causing bilateral neural foraminal narrowing. At C6-C7, there is a central disc herniation indenting the thecal sac with concurrent uncovertebral degenerative change causing bilateral neural foraminal narrowing. On March 13, 2015, an MRI with flexion and extension of the right wrist revealed no ulnar variance and an increased capitolunate angle that may reflect dorsal intercalated segmental instability. On March 13, 2015, an MRI with flexion and extension of the lumbar spine revealed disc desiccation at L4-L5 (lumbar 4-lumbar 5) and L5-S1 (lumbar 5-sacral 1). There is modic type 2 end plate decreased sensation at the superior end of lumbar 4 and straightening of the lumbar lordotic curvature and restricted flexion and extension. At T12-L1 (thoracic 12-lumbar 1), there is a focal disc herniation causing spinal canal stenosis. At L1-L2 (lumbar 1-lumbar 2) and L2-L3 (lumbar 2-lumbar 3), there are diffuse disc herniations causing spinal canal stenosis. At L3-L4 (lumbar 3-lumbar 4), there is a diffuse disc herniation causing spinal canal stenosis and left neural foraminal narrowing. At L4-L5, there is a diffuse disc herniation causing spinal canal stenosis with associated bilateral lateral recess stenosis. Disc material is causing bilateral neural foraminal narrowing also. At L5-S1, there is a focal right disc herniation causing spinal canal stenosis with associated right lateral recess stenosis. Disc material is causing right neural foraminal narrowing also. On July 2, 2015, a Sudoscan revealed normal symmetry of the bilateral hands and feet, and intermediate conductance for the hands only, indicative of small fiber neuropathy. Treatment has included physical therapy, chiropractic therapy, acupuncture, injections, at least 6 sessions of extracorporeal shock wave therapy for the lumbar region, at least 6 sessions of extracorporeal shock wave therapy the neck, nighttime wrist splinting, work restrictions, a hot and cold unit, and medications including topical pain (Ketoprofen cream, Cyclobenzaprine cream), histamine 2 antagonist (Deprizine), sedating antihistamine (Dicopanil), pain (Synapryn), muscle relaxant (Tabradol), and anti-epilepsy (Fanatrex). Per the treating physician (August 6, 2015 report), the injured worker is to remain off work. On August 20, 2015, the requested treatments included Anaprox-DS Naproxen Sodium 550mg #90 and Fexmid Cyclobenzaprine 7.5mg #60. On August 31, 2015, the original utilization review non-certified requests for Anaprox-DS Naproxen Sodium 550mg #90 and Fexmid Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 8.19.15 Anaprox DS - Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose 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. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side

effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.

Fexmid Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic neck and back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.