

Case Number:	CM15-0075388		
Date Assigned:	04/27/2015	Date of Injury:	01/21/2013
Decision Date:	07/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 64-year-old female, who sustained an industrial injury on 1/21/2013. She reported repetitive keyboarding trauma. The injured worker was diagnosed as having neck sprain, right carpal tunnel syndrome, and left wrist sprain. Treatment to date has included diagnostics, right carpal tunnel surgery in 10/2014, physical therapy, and medications. On 3/23/2015, the injured worker complains of bilateral wrist pain, noting residual right hand pain and tingling. Right hand swelling and left shoulder soreness was noted. Pain was rated 8/10 without medication, noting the use of Norco. The treatment plan included chiropractic treatments x6, with conditioning, Fenoprofen, Prilosec, Flexaril, and random urine drug screen (performed on 3/06/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatments with conditioning: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment page 30, Manual therapy & manipulation page 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that chiropractic manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Time to produce effect is 4 to 6 treatments. The primary treating physician progress report dated 3/6/15 documented the diagnoses of wrist sprain, carpal tunnel syndrome, and neck sprain. Physical examination demonstrated tenderness with palpation of bilateral forearm and wrists, tenderness and spasms of the cervical and trapezius muscles, and cervical spine decreased range of motion. Per MTUS, chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. The request for 6 chiropractic treatments is supported by MTUS guidelines. Therefore, the request for 6 chiropractic treatments is medically necessary.

Prilosec DR 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The primary treating physician progress report dated 3/6/15 documented the prescription of Fenoprofen, which is an NSAID. NSAID use is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole, in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec is medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxant page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) pages 41-42. Muscle relaxants pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. The primary treating physician progress report dated 3/6/15 documented the diagnoses of wrist sprain, carpal tunnel syndrome, and neck sprain. The date of injury was 1/21/13. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records document the use of NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine (Flexeril) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Flexeril (Cyclobenzaprine) is not medically necessary.

Retrospective urine drug screen (DOS 3/23/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing page 43. Opioids, criteria for use pages 76-77. Opioids, pain treatment agreement page 89. Opioids, steps to avoid misuse/addiction page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Notice of authorization dated 12/24/14 documented the authorization of Norco 5/325 mg #30. Patient updated history dated 1/12/15 documented that the patient was currently taking Vicodin. Primary treating physician progress report dated 3/6/15 documented that the patient currently takes Vicodin. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for a urine drug screen is medically necessary.