

Case Number:	CM13-0034251		
Date Assigned:	12/06/2013	Date of Injury:	10/01/2007
Decision Date:	11/04/2015	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/11/2013

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old woman with a date of injury of 3/15/13. She was seen by her primary treating physician on 8/9/13. She complained of bilateral hand and wrist pain with associated numbness and tingling in her wrists, hands and fingers with worse symptoms on the right. She also complained of radiating pain to her arms, neck and shoulders. Her physical exam was significant to tenderness with palpation over the volar aspect of the wrists and palm of the hands. She had decreased range of motion in both wrists and positive Tinel's and Phalen's test bilaterally. She had decreased sensation in the median nerve distribution of both upper extremities with normal reflexes and pulses. Her diagnosis was clinical bilateral carpal tunnel syndrome. Her current medications for pain were ibuprofen and she is status post steroid injections for carpal tunnel syndrome in the past. At issue in this review are the prescriptions for norco, naproxen and tizandine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 1 tablet TID #90: Upheld

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

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

Decision rationale: Zanaflex or tizanidine is a muscle relaxant used in the management of spasticity. This injured worker has bilateral carpal tunnel syndrome with no spasticity noted on physical exam. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation's in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/13 fails to document any spasm on physical exam to justify use. The medical necessity for zanaflex is not supported in the records.

Norco 1 tablet BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

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

Decision rationale: Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/13 fails to document any change in pain, functional status or side effects with current NSAID use or why narcotics are now indicated. The norco is denied as not medically necessary.

Naproxen 500mg BID #60: Upheld

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

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

Decision rationale: Per the chronic pain guidelines in the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. It is also not documented why a change is warranted from ibuprofen to naproxen. The medical records fail to document any improvement in pain or functional status to justify long-term use of NSAIDS. The request is not medically necessary.