

<b>Case Number:</b>	CM13-0026418		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old female who sustained a work-related injury on 06/09/2013. The patient's diagnoses include cervical and thoracic sprains and rule out right shoulder internal derangement. The patient reported complaints of sharp pain to her neck and mid back rated at a 9/10 that radiates to her arms. Physical examination revealed spasms, decreased muscle strength in the neck, decreased range of motion and grip strength of twenty (20) pounds bilaterally. MRI of thoracic spine dated 10/01/2013 revealed an unremarkable study. There were no vertebral fractures noted, and paraspinal soft tissues were unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 7/17/13) for Cyclobenzaprine 10MG, #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): 41-42.

**Decision rationale:** The MTUS Chronic Pain Guidelines state Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The guidelines also

recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). The requested medication does have a sedating effect. There is no clinical documentation of the use of muscle relaxants for upper back or neck pains in the guidelines. The medical necessity for retrospective request for prescription cyclobenzaprine 10mg, #60 for date of service (DOS: 7/17/13) has not been proven with the clinical documentation provided in the medical record. The requested amount does not signify short term use. As such the retrospective request for prescription cyclobenzaprine 10mg, #60 (DOS: 7/17/13) is non-certified.

**Retrospective request (DOS: 7/17/13) for Tramadol/APAP 325/37.5MG #90: 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 Opioids Page(s): 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, specific drug list

**Decision rationale:** The Official Disability Guidelines recommend for short term use less than five (5) days in acute pain management. The requested number of the medication exceeds a five day supply if taken as the guidelines recommends which is two (2) tablets every 4 to 6 hours as needed (max eight (8) tablets/day). That would total 40 tablets not the 90 requested. Tramadol/Acetaminophen is used for acute pain, and the patient's situation is chronic. The requested medication has not been proven to be medically necessary. As such, the retrospective request for prescription Tramadol/APAP 325/37.5mg #90 for date of service (DOS: 7/17/13) is non-certified.