

<b>Case Number:</b>	CM13-0034885		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/03/2004
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 claimant has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 3, 2004. Thus far, the claimant has been treated with the following: Analgesic medications; muscle relaxants; topical agents; and unspecified amounts of physical therapy over the life of the claim. An earlier progress note of February 19, 2013 is handwritten, not entirely legible, and notable for comments that the applicant is off of work, on total temporary disability. It appears that massage therapy was ordered on that date and that the applicant was using Celebrex, Prilosec, and Norco as of that date. No more recent progress notes were provided. The applicant did report issues with neck pain, shoulder pain, and myalgias and/or myositis of various body parts on that day, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**prospective request for cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, it does appear that the applicant is using numerous other analgesic medications, including Norco and Celebrex. Adding cyclobenzaprine or Flexeril is not recommended, particularly in the face of the applicant's failure to affect any form of functional improvement as evidenced by the applicant's failure to return to any form of work, several years removed from the date of injury. Therefore, the request remains non-certified, on independent medical review.

**prospective/retrospective request for Terocin patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, there was no evidence of intolerance and/or failure of multiple classes of oral analgesic and adjuvant medications. Also, the applicant's failure to return to any form of work and continued dependence on multiple oral and topical agents implies a lack of functional improvement. Therefore, there is no indication for usage of topical Terocin, either prospectively or retrospectively. Therefore, the request is not certified.

**prospective/retrospective request for brand name Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduce pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the aforementioned criteria have been met. The applicant has failed to return to work. There is no description of improved performance of activities of daily living and/or successful analgesia affected as a result of ongoing Norco usage. Therefore, the request retrospective or prospective for brand name Norco is not certified.

**A consultation with a pain management specialist for the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints despite appropriate conservative management should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's failure to return to any form of work and continued usage of numerous analgesic medications should lead an attending provider to reconsider the operating diagnosis. A chronic pain specialist may be helpful here in formulating an appropriate treatment plan. The request is certified.

**request for 12 sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** Twelve sessions of physical therapy being sought here alone represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. At this late date, several years removed from the date of injury, the emphasis should appropriately be on self-directed home physical medicine, as suggested by the MTUS. No clear goals for treatment have been proffered by the attending provider. It is not clearly stated how much prior treatment the applicant has had over the life of the claim. For all of these reasons, the proposed 12 sessions of physical therapy are not certified.