

<b>Case Number:</b>	CM13-0053286		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 59 year old with an injury date on December 18, 2003. Based on the September 3, 2013 progress report the diagnoses are neck pain and right shoulder pain. An exam on September 3, 2013 showed "very tender on facets on right at C4-C5, C5-C6, C6-C7. Very tender in right trapezius muscle where taut bands noted. Tender and hypertonicity is noted. C-spine range of motion limited, severely on extension and lateral flexion bilaterally with pain. Sensory exam was intact in upper extremities." The provider requested Vicodin 5/500, Skelaxin 800mg, Motrin 800mg. The utilization review determination being challenged is dated November 4, 2013 and modifies Vicodin to 30 tabs, stating patient has not improved since original injury in 2003, and rejects Skelaxin, stating its short 1 month indication for acute/subacute spasm, and rejects Motrin stating patient hasn't improved since original injury in 2003.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 91

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

**Decision rationale:** The provider has asked Vicodin 5/500 on September 3, 2013 . The patient has been taking Vicodin as early as March 11, 2013. On June 10, 2013 patient showed compliance in UDS and no illicit drugs were found. On September 3, 2013 the provider discussed Vicodin taper but patient expressed moderate impairment of ADLs even with meds, stating need for continuing current dosage to maintain functional capacity. No adverse side effects to Vicodin noted on September 3, 2013 report. Review of the report shows no surgeries, no re-injuries, and no changes to pain since 2003 injury. For chronic opioids use the California MTUS Guidelines require specific documentation regarding pain and function, as well as the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. In this case, the provider has addressed the 4 A's in his documentation, and patient still requires opioid for chronic back condition. The requested Vicodin 5/500 is within the California MTUS guidelines. The request is medically necessary.

**SKELAXIN 800MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 72

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

**Decision rationale:** This patient presents with chronic neck pain and right shoulder pain. The provider has asked Skelaxin 800mg. Patient has been taking Skelaxin as early as March 11, 2013. On June 10, 2013 UDS, no illicit drugs were found and patient showed compliance per September 3, 2013 report. On September 3, 2013 the patient stated current medications are helping maintain functional capacity. Review of the report shows no surgeries, no re-injuries, and no changes to pain since 2003 injury. Regarding muscle relaxants for pain the California MTUS Guideline recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient has shown little improvement in 6 months of using Skelaxin, which is not indicated for long term use. The request is not medically necessary.

**MOTRIN 800MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 72

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

**Decision rationale:** The provider has asked Motrin 800mg on September 3, 2013 . The patient began taking Motrin as of September 3, 2013, and was not taking it 3 months prior. The patient denies taking ibuprofen daily, and uses only as needed for breakthrough pain per September 3, 2013. Regarding NSAIDS the California MTUS Guideline recommends usage for acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the provider has asked for Motrin 800mg for patient's chronic back condition which is consistent with the California MTUS Guidelines. The request is medically necessary.