

<b>Case Number:</b>	CM13-0057445		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Family Practice 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:

This patient is a 47 year old female who sustained a work injury on 12/15/11 involving the neck and back. She underwent a cervical decompression and fusion. A progress note on 10/16/13 indicated she had continued pain in the neck and upper extremities with radiation to the upper extremities and headaches. She had tried NSAIDs, rest, and heat without improvement. Prior epidural steroid injections reduced the pain 50%. Exam findings included reduced range of motion of the neck, diminished sensation in the C5-C7 dermatomes and shoulder tenderness. She was given tramadol 50mg 4 times a day, Vicodin 5/500mg every 6 hours and Flexeril 10mg twice a day for pain control. On 10/24/13 she reported improvement in pain to 4/10 from 8/10 with medications. On 12/17/13 the above medication were noted to be continued but the pain level had returned to 7/10 with persistent clinical findings as above. A repeat epidural injection was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines Vicodin is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Vicodin for several months with no improvement in pain scale. Therefore, the continued use of Vicodin is not medically necessary.

**FLEXERIL 10MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** According to the MTUS guidelines: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the claimant had been on cyclobenzaprine for several months with no improvement in pain scale or function. Therefore, the request for Flexeril 10mg #60 is not medically necessary.

**TRAMADOL 50MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and pg 93-94 Page(s): 93-94.

**Decision rationale:** In this case, the claimant had been on opioids for several months with no improvement in pain or function. Flexeril is intended for short-term use. Therefore, the request for Tramadol 50mg #120 is not medically necessary.