

<b>Case Number:</b>	CM13-0059402		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 43-year-old female who reported an injury on 03/17/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, acupuncture, medications, trigger point injections, and activity modification. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker suffered from increasing neck pain. The injured worker's medications included Norco 10/325 mg, Omeprazole 10 mg, Pennsaid 1.5% topical drops, and Pepcid 20 mg. Physical examination findings included tenderness to palpation of the trapezius musculature with limited range of motion of the cervical spine secondary to pain. It was documented that the injured worker had taut bands with twitch response at the scalenes, trapezius, levator scapulae, and sternocleidomastoid bilaterally. The injured worker's diagnoses included shoulder sprain/strain, bilateral rotator cuff repair, chronic pain due to trauma, pain involving the shoulder joint region, cervical strain, and insomnia. The injured worker's treatment plan included continuation of medications, epidural steroid injections, and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENNSAID 1.5% #2 WITH FOUR (4) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS AND TOPICAL ANALGESICS.

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

**Decision rationale:** The requested PENNSAID 1.5% #2 4RF is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of topical non-steroidal anti-inflammatory drugs for patients who are not tolerant of oral formulations or when oral formulations are contraindicated to the injured worker. The clinical documentation submitted for review does not provide any evidence that the injured worker cannot tolerate oral medications and requires topical analgesics. Additionally, California Medical Treatment Utilization Schedule does not recommend the long term use of topical non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does indicate that the injured worker has been using this medication since at least 11/2012. This exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request of Pennsaid 1.5% #2 with four (4) refills is not medically necessary or appropriate.

**FLEXERIL 10MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** The requested FLEXERIL 10MG #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends short term use not to exceed 2 weeks to 3 weeks of muscle relaxants for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker has suffered an acute exacerbation of chronic pain. Additionally, the requested #60 pills exceed the guideline recommendation for 2 weeks to 3 weeks of treatment. The request as it is submitted does not clearly define a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 10MG #60 is not medically necessary or appropriate.