

<b>Case Number:</b>	CM13-0067248		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 and 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 59 year old female who reported an injury on 05/27/2010, due to an unknown mechanism. The clinical note dated 10/29/2013 presented the injured worker with worsening pain in the neck, left upper extremity, left shoulder and left elbow. The injured worker demonstrated guarded movements, tenderness to palpation over the paraspinal musculature and upper trapezius muscles with a noted spasm. The injured worker had a positive Bakody's sign for relief of upper extremity radicular symptoms, with the left upper extremity placed on top of the head. The Axial compression test was positive for neck pain radiating to the left upper extremity. The injured workers range of motion values for the cervical spine were 31 degrees of flexion, 30 degrees of extension, 65 degrees of right rotation, 38 degrees of left rotation, 31 degrees of right lateral flexion, and 27 degrees of left lateral flexion. The injured works diagnoses were cervical spine musculoligamentous sprain/strain with upper extremity radiculitis, left shoulder sprain/strain, impingent with tendonitis, left elbow medial and lateral epicondylitis with increased symptoms and possible cubital tunnel syndrome. The request for authorization form is dated 12/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL 300/30 MG #60 Q12H PRN PAIN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

**Decision rationale:** The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of increased function and decreased pain. There was a lack of an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary and appropriate.

**RETROSPECTIVE FEXMID 7.5 MG #60 1 BID FOR DATE OF SERVICE 11/14/2013:**  
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.

**Decision rationale:** The request for retrospective Fexmid 7.5MG #60 is non-certified. The California MTUS guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first four days of treatment, suggesting that shorter courses may be better. It appears the injured worker has been prescribed the medication since at least 10/29/2013. The request for additional use of the medication would exceed the guideline recommendations. The efficacy of the medication was unclear. Additionally, the requesting providers rationale for the continued use of this medication was unclear. Therefore, the request is not medically necessary and appropriate.