

Case Number:	CM14-0104635		
Date Assigned:	07/30/2014	Date of Injury:	02/28/2006
Decision Date:	09/12/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 Ohio and Texas. 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 37 year-old female who reported an injury on 02/28/2006, due to continuous repetitive use of the right shoulder. The injured worker has diagnoses of cervical disc displacement without myelopathy and cervical disc degeneration. The injured worker's past medical treatment consists of cervical facet injections, epidural steroid injections in the cervical spine, functional restoration program, physical therapy, acupuncture, trigger point injections, the use of a TENS unit and medication therapy. Medications consist of Buprenorphine 0.1 mg sublingual 1 tablet under the tongue 2 times per day, Ibuprofen 800 mg 1 tablet 3 times a day, and Cyclobenzaprine 10 mg 1 tablet 2 times a day. A cervical spine MRI dated 06/21/2006 revealed small central disc protrusion at C5-6 with mild effacement of the thecal sac. An upper extremity EMG dated 08/16/2006 revealed findings of consistent right sided C6 mild radiculopathy. The injured worker complained of chronic neck and upper extremity pain. She stated that she continued to have neck pain that radiated into her right upper extremity, into the right hand down the middle 2 fingers with associated numbness and tingling. The injured worker also stated that the pain was worse in her hand. There were no measureable pain levels documented in the submitted report. Physical examination dated 06/24/2014 revealed that the cervical spine had tenderness to palpation at the cervical paraspinal muscles with muscle tension, extending into the bilateral upper trapezius muscles. Range of motion of the cervical spine was decreased by 20% with flexion and extension, but full with rotation bilaterally. Sensations were decreased to light touch at the right upper extremity compared to the left upper extremity. Motor strength was decreased with right hand grip and right arm flexion compared to the left upper extremity. Deep tendon reflexes were 1+ and equal at the biceps, triceps and brachioradialis. Examination of the right elbow revealed tenderness to palpation over the medial epicondyles of the right elbow with some mild swelling. Lateral epicondyles and olecranon are

not tenderness to palpation. The treatment plan for the injured worker is to continue with Ibuprofen and Cyclobenzaprine, as the injured worker would not like to have any more injections or run the risk of having surgery. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Anaprox Page(s): 72-73.

Decision rationale: The injured worker complained of chronic neck and upper extremity pain. She stated that she continued to have neck pain that radiated into her right upper extremity, into the right hand down the middle 2 fingers with associated numbness and tingling. The injured worker also stated that the pain was worse in her hand. There were no measureable pain levels documented in the submitted report. The California MTUS guidelines indicate that Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As guidelines state, Ibuprofen is recommended for relief of osteoarthritis, but it also states that it is recommended at its lowest effective dose and in shortest duration of time. Dosage is 400 mg PO every 4-6 hours as needed. The submitted report dated back to 01/10/2014 showed that the injured worker was taking Ibuprofen 800 mg 3 times a day. Long term use of Ibuprofen can put people at high risk for developing NSAID induced gastric ulcers. Given that the request exceeds the recommended criteria use of an NSAID for short-term, the request is not within the MTUS Guidelines. Furthermore, the efficacy of the medication was not provided to support continuation of the requested medication. As such, the request for Ibuprofen 800 mg is not medically necessary. The submitted request did not specify a duration or frequency of the requested medication.

Cyclobenzaprine 10 mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker complained of chronic neck and upper extremity pain. She stated that she continued to have neck pain that radiated into her right upper extremity, into the right hand down the middle 2 fingers with associated numbness and tingling. The injured

worker also stated that the pain was worse in her hand. There were no measureable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS guidelines also state that despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Limited, mixed-evidence on Cyclobenzaprine does not allow for a recommendation for chronic use. Guideline recommendations for Cyclobenzaprine are 5 mg three times a day and can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks. The request submitted did not specify the frequency or duration of the medication. There was also no quantified information regarding pain relief. Nothing noted as to whether the above medication helped the injured worker with any functional deficits. The submitted report also noted that the injured worker had been on Cyclobenzaprine since 01/10/2014, exceeding the recommended 2 to 3 weeks. There was also no assessment regarding current pain on a VAS, average pain, intensity of pain or longevity of pain relief. In addition, there was no mention of a lack of side effects. Given the above, the request for ongoing use of Cyclobenzaprine is not supported by the California MTUS Guideline recommendations. As such, the request for Cyclobenzaprine 10 mg is not medically necessary.