

<b>Case Number:</b>	CM14-0113431		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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 50 year old female who reported an injury 03/02/2012. The mechanism of injury was falling off of a wooden pallet. The clinical note dated 07/17/2014 indicated diagnoses of cervical spine bilateral upper extremity presence of some neurological unit in the right triceps musculature suggestive of chronic right C6-7 radiculopathy, cervical spine degenerative disc disease, cervical spine sprain/strain with myofasciitis, right upper extremity low grade bursal sided partial thickness tearing of the supraspinatus tendon at the footprint, right shoulder bursitis, right shoulder chronic sprain/strain rule out rotator cuff, right shoulder impingement, right elbow lateral epicondylitis, right forearm wrist extensor tenosynovitis, left hand paresthesia, right hand paresthesia, lumbar spine chronic sprain/strain, lumbar spine underlying spondylosis, left knee evidence of remote anterior cruciate ligament sprain, left knee injury and contusion rule out internal derangement. The injured worker reported intermittent neck and upper back pain with reduced range of motion, and reported intermittent bilateral shoulder pain with reduced range of motion, bilateral elbow pain at times with reduced range of motion, intermittent right hand/wrist pain with reduced range of motion, low back pain, and left knee pain. On physical examination of the cervical spine there was tenderness to palpation over the midline cervical spine at C5-6 with bilateral paraspinal trapezius and bilateral rhomboids with decreased sensation with numbness and tingling of the left hand and all 5 fingers. Examination of the right shoulder revealed tenderness to palpation over the anterolateral and posterior aspects, as well as the trapezius and rhomboids. The Neer's and Hawkin's tests were positive. The examination of the right elbow revealed tenderness to palpation over the bilateral epicondyles. The examination of the left hand and wrist revealed decreased sensation with numbness and tingling in the left palm and 5 fingers. The examination of the right hand and wrist revealed tenderness over the dorsal wrist. The examination of the lumbar spine revealed

tenderness to palpation over the midline at L3-4 and right paraspinals with right gluteus pain at times. The physical examination of the left knee revealed tenderness to palpation over the bilateral joint lines over the infrapatellar aspect. The injured worker's treatment plan included Tylenol, Flexeril, and Mobic, and return to the office as needed. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Tylenol, Flexeril and Mobic. The provider submitted a request for the above medications. A Request for Authorization dated 08/01/2015 was submitted for the above medications. However, rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol no. 3 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61,63,65,67,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Flexeril 5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Cyclobenzaprin) Page(s): 61,63,65,67,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is lack of documentation of efficacy and functional improvement with the use of Flexeril. It was not indicated that the injured worker had acute exacerbations or spasms. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

**Mobic 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non Steroidal Anti Inflammatory Drugs) Page(s): 61,63,65,67,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The MTUS Chronic Pain Guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is lack of documentation of efficacy and functional improvement with the use of Mobic. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, there is lack of a quantified pain assessment by the injured worker. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.