

Case Number:	CM14-0034844		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2011
Decision Date:	07/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational and Emergency Medicine 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:

The injured worker is a 31-year-old female who reported an injury on 6/3/11. In April 2011, the claimant jumped into a dumpster, slipped on the oily surface and fell directly on her back, sustaining a laceration to her right wrist. Discomfort in both knees in 2009 as a result of frequent squatting, stooping and prolonged walking to perform the duties of a meter reader is noted. Medication and ice packs are noted as treatment. The injured worker presented with a possible cyst over the left volar wrist in 4/11/00. She also reported low back pain in 2010 and was treated with medications. New discomfort was noted in the lower back related to the injurer's new duties as a station technician. In September 2011, the claimant mis-stepped and injured her right ankle. In November 2011, she fractured her left foot. Prior treatment included Suboxone, walker, and back brace. Eventually, she was treated by a pain management specialist. She complained of gastrointestinal irritation secondary to medication use. An MRI of the right shoulder on 06/20/11 showed moderate to marked degenerative change at the acromioclavicular joint with partial impingement, and tendinosis. An MRI of the left shoulder showed tendinosis and mild degenerative changes of the AC joint. X-rays of the left hip dated 10/26/10 showed a small left acetabular spur, posterior fusion seen in the caudal lumbar spine and upper sacrum. An MRI of the lumbar spine on 2/20/12 showed mild broad based disc bulges at L4-L5 and L5-S1. An MRI of the left ankle on 8/13/12 showed distention of the talocrural joint with fluid extending posteriorly. An MRI of the cervical spine on 9/21/12 showed disc protrusions at C3-C4 and C5-C6. On 03/17/2014, there was a request for Butalbital/Fioricet, Cyclobenzaprine and Toradol with B12 injection as the patient had considerable persistent pain with negative impact on function, and failed more conservative treatment. On 04/17/2014, the patient was seen in a pain medicine re-evaluation. At that time, complaints of neck pain radiating down both upper extremities, low back pain radiating down both lower extremities were reported. Examination

revealed tenderness in the spinal vertebral area at the L4-S1 levels, with limited range of motion (ROM) secondary to pain. Her diagnoses at that time were post cervical and lumbar laminectomy; status post fusion of the lumbar spine; post laminectomy syndrome; cervical and lumbar radiculopathy; osteoarthritis; anxiety and depression; medication related dyspepsia; vitamin D deficiency; and gastric bypass surgery postponed until 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital/Fioricet 5/325/40 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 23,78,95.

Decision rationale: The claimant has a variety of complaints of pain and diagnoses with minimal physical findings according to the documents available for review. The pain complaints appear to be chronic. According to the California MTUS (page 23), Barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000). There is a risk of medication overuse as well as rebound headache. (Friedman, 1987).

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 41-42.

Decision rationale: The claimant has a variety of complaints of pain and diagnoses with minimal physical findings according to the documents available for review. The pain complaints appear to be chronic. Cyclobenzaprine has a questionable benefit to risk ratio. According to the California MTUS (pp. 41-42) cyclobenzaprine is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better (Browning, 2001). Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008). Note: Cyclobenzaprine is closely related to the tricyclic antidepressants, (e.g., amitriptyline. See Antidepressants.) Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in low back pain (LBP) and is associated with drowsiness and dizziness (Kinkade, 2007). Cyclobenzaprine is

a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. Therefore, Cyclobenzaprine 7.5 mg #30 is not medically necessary.

Retrospective Toradol with B12 Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 7th Edition (Web) 2012 Pain on Vitamin B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 72.

Decision rationale: The claimant has a variety of complaints of pain and diagnoses with minimal physical findings according to the documents available for review. The pain complaints appear to be chronic. According to the California MTUS (page 72), Ketorolac (Toradol): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Therefore, retrospective Toradol with B12 injection is not medically necessary.