

<b>Case Number:</b>	CM14-0039426		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 44-year-old female with a date of injury of 04/29/2011. The listed diagnoses per [REDACTED] are: 1. Cervical spine strain with left arm radiculopathy. 2. Left shoulder strain/sprain 3. Left carpal tunnel syndrome. 4. Lumbar spine sprain/strain with left leg radiculopathy. According to progress report 02/14/2014 by [REDACTED] the patient complains of left upper extremity pain. The treater states the patient has moderate pain accompanied by numbness. The left shoulder and lumbar spine are on and off flare-up. Examination of the cervical spine revealed decreased range of motion, positive Spurling's on the left. Examination of the upper extremity revealed tenderness at left wrist flexion and extension. There is decreased range of motion with numbness and tingling to the hand. There is positive Tinel's and Phalen's test. The treater is requesting Fexmid 7.5 mg #60, Tylenol No. 3 #60, and a cervical spine pillow for purchase. Utilization review denied the request on 03/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 MG Quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid generic available), Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** This patient presents with cervical spine, lumbar spine, and upper extremity complaints. The patient most recently presented with complaints of flareup of the low back and shoulder. The treater is requesting a refill of Fexmid 7.5 mg #60. MTUS pg 64 states Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Medical reports show patient has been taking Fexmid since 10/09/2013. Recommendation is for denial.

**Tylenol #3 30 MG Quantity 60:** 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 Medications for chronic pain and Criteria for use of Opioids Page(s): 60,61,88,89.

**Decision rationale:** This patient presents with cervical spine, lumbar spine, and upper extremity complaints. The patient most recently presented with complaints of flare-up of the low back and shoulder. The treater is requesting a refill of Tylenol No. 3 mg #60. Page 78 of MTUS requires Pain Assessment that 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical records indicates the patient has been prescribed Tylenol No. 3 for patient's chronic LHP and nociceptive pain since 10/09/2013. In this case, there are no discussions regarding any specific functional improvement from Tylenol #3 use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of opiate use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

**Cervical Spine Pillow Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment.

**Decision rationale:** This patient presents with cervical spine, lumbar spine, and upper extremity complaints. The patient most recently presented with complaints of flare-up of the low back and shoulder. The treater is requesting a cervical spine pillow for purchase. Although, the MTUS

and ACOEM guidelines do not specifically discuss cervical spine pillows, ODG Guidelines does discuss durable medical equipment stating recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness, and is appropriate for use in the patient's home. In this case, the treater does not discuss the medical need of a cervical pillow. The request is not medically necessary.