

<b>Case Number:</b>	CM14-0049648		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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 claimant was injured on 7/18/13. She saw [REDACTED] on 2/24/14. She had a cumulative trauma injury from 7/18/12 through 7/18/13. She was injured while repetitive filing on a daily basis. She was evaluated for her neck, shoulders, upper extremities, and sleep. She was initially seen by [REDACTED], who diagnosed right shoulder impingement syndrome, rule out mild rotator cuff tendinopathy. She also had C5-6 discopathy and headaches. She reported constant pain in her neck radiating to her shoulder blades and upper back. She was taking Naprosyn, Norco, and Flexeril. She had bilateral paravertebral tenderness with guarding and bilateral trapezius tenderness with guarding. She had decreased range of motion of the cervical region. Reflexes and strength were intact. Other orthopedic maneuvers and sensation were all intact. She had mildly decreased range of motion of the right shoulder and left shoulder. X-rays of the cervical spine showed some loss of normal lordosis and x-rays of the shoulder showed possibly minimal acromioclavicular joint changes. She was referred to physical therapy, and for MRIs and neurological studies of the cervical spine and upper extremities. She was prescribed an interferential unit and compound medications, including anti-inflammatory medications. She saw [REDACTED] on 2/25/14. She complained of pain and numbness radiating to the shoulders with restricted range of motion, neck pain, and stiffness. Physical therapy was recommended and she was prescribed tramadol. On 3/4/14, chiropractic treatment was ordered; she was to stop tramadol and Soma, and start Norco. She continued to have painful neck movement and severe restriction of range of motion. She had radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex 10/10% 180gm cream twice daily: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The MTUS states that topical agents may be recommended as an option, but they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. The claimant was given multiple different oral medications and intolerance to those medications and/or lack of effectiveness was not noted in the records. The anticipated benefit to the claimant of this type of medication has not been described. It is not clear why two different topical agents were recommended. The medical necessity of this request has not been clearly demonstrated.

**TGIce 8/10/10/2/2% 180gm twice daily: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The MTUS states that topical agents may be recommended as an option, but they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. The claimant was given multiple different oral medications and intolerance to those medications and/or lack of effectiveness was not noted in the records. The anticipated benefit to the claimant of this type of medication has not been described. It is not clear why two different topical agents were recommended. The medical necessity of this request has not been clearly demonstrated.

**Physical Therapy; sixteen (16) session (2x8), Bilateral Shoulders: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the claimant was approved for 10 sessions of physical therapy in December 2013, but the course of treatment, including the number of visits she attended, the dates, and objective information about the outcome, have not been noted in the records. There is no indication that she has been continuing a home exercise program or that she is unable to do so. As a result, the medical necessity of additional physical therapy has not been clearly demonstrated.

**Hydrocodone/APAP 10/325mg Q6-8H PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110, 94.

**Decision rationale:** The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. The MTUS further explains that 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. There is also no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including an assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehabilitative program to help maintain any benefits she received from treatment measures. Additionally, the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be followed and documented per the guidelines. The claimant's pattern of use of hydrocodone/APAP is unknown. There is no evidence that a signed pain agreement is on file at the provider's office and there is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity has not been clearly demonstrated.

**Cyclobenzaprine 7.5mg Q12H PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 74.

**Decision rationale:** The MTUS states that cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Additionally, the MTUS states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; and (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1-3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. Uptodate for Flexeril also recommends that use should be limited to 2-3 weeks for muscle spasm associated with acute painful musculoskeletal conditions. The medical documentation provided does not establish the need for long-term/chronic usage of cyclobenzaprine. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimants pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request is not medically necessary.

**Physical Therapy; sixteen (16) sessions (2x8), Cervical Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the claimant was approved for 10 sessions of physical therapy in December 2013, but the course of treatment, including the number of visits she attended, the dates, and objective information about the outcome, have not been noted in the records. There is no indication that she has been continuing a home exercise program or that she is unable to do so. As a result, the medical necessity of additional physical therapy has not been clearly demonstrated.