

<b>Case Number:</b>	CM14-0055114		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology and is licensed to practice in Pain Medicine. 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 70 year old male who sustained an injury on 08/03/10 when he slipped and fell out of a truck. The injured worker developed complaints of low back pain. Prior treatment has included twelve sessions of physical therapy with temporary benefit only. The injured worker was provided medications to include Butrans patches, topical analgesics, and muscle relaxers. It is noted that the injured worker had prior surgical procedures for the left shoulder performed in November of 2010. The injured worker had also been followed for posttraumatic headaches as a result of the fall. The clinical report from 04/08/14 noted that the injured worker had continuing complaints of pain in the cervical region as well as the left shoulder that was 8/10 in severity, with noted reports of benefits with the use of medications. Physical examination noted decreased range of motion in the cervical spine as well as the left shoulder, tenderness to palpation noted with spasms, and no ranges of motion findings were identified. The injured worker was recommended for further physical therapy at this evaluation and a referral for surgical evaluation. Topical analgesics, Butrans, and Cyclobenzaprine were continued at this evaluation. The submitted request for Cyclobenzaprine 7.5 milligrams quantity thirty, LidoPro topical ointment 4 ounces, physical therapy once a week for six weeks, and an orthopedic evaluation were all denied by utilization review on 04/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC , Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** It is noted in the prior utilization report that this request was modified for a quantity of twenty. This would be appropriate given the injured worker's physical examination findings which did note spasms in the cervical region. Muscle relaxants are not recommended for continuing long term use. Guidelines do recommend the use of muscle relaxers for acute exacerbations of chronic musculoskeletal complaints or other acute injuries. In this case, twenty tablets of Cyclobenzaprine would have been sufficient for the injured worker's complaints and the requested thirty tablets would have been considered excessive. Therefore, the request as submitted is not medically necessary and appropriate.

**Lidopro topical ointment 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** LidoPro ointment would be considered an option in the treatment of neuropathic pain that has failed standard medications such as anticonvulsants or antidepressants. In this case, there is no indication that the injured worker has failed a reasonable trial of either class of medications for neuropathic symptoms. The injured worker's physical examination findings are also not consistent with any neuropathic condition. Given that guidelines do consider topical analgesics largely experimental and investigational as compared to standard oral medications, this request would not be medically necessary at this point in time.

**Physical Therapy 1x6 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The injured worker continues to have pain with tenderness and spasms in the left shoulder and cervical region. Per the MTUS Chronic Pain Guidelines, physical therapy can be an option for chronic musculoskeletal conditions as a short course of no more than six sessions initially. The request would be consistent with guideline recommendations regarding physical therapy to manage chronic musculoskeletal complaints. Therefore, the request would be considered medically appropriate and necessary.

**Orthopedic Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC, Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32.

**Decision rationale:** The injured worker has not improved with continuing management. The injured worker has ongoing complaints of pain in the cervical region as well as the left shoulder. At this point in time, it is unclear what further treatment could be provided to the injured worker without more definitive evaluation and care. A referral to an orthopedic evaluation would provide additional information that would help guide the course of treatment. Therefore, this request is medically necessary.