

<b>Case Number:</b>	CM14-0124509		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Rehab, has a subspecialty in Sports Medicine, and is licensed to practice in Georgia. 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 23 year old female who was injured on 01/08/2014 when she was pushing and pulling big medication carts into the elevator when she felt pain and pressure in her chest. Prior treatment history has included 12 completed sessions of chiropractic therapy which provided some improvement. Prior medication history included ibuprofen. Progress report (PR) dated 08/13/2014 states the patient complained of left shoulder pain radiating to left arm, neck and upper back pain, increased on the left; and chest pain that was increased on the left. Objective findings on exam revealed restricted range of motion of the cervical spine from 10 to 15% with "less pain more on the left." Cervical compression, Soto Hall and shoulder depression tests produced "less neck and upper back pain more on the left." Reflexes and dermatomes were within normal limits in the upper extremity. Grip strength testing on the right revealed 60 pounds, 60 pounds, 60 pounds with three attempts, and on the left revealed 40 pounds, 40 pounds, and 40 pounds. She had "less tenderness and muscle spasm with myofascial pain and trigger point more on the left." The left shoulder revealed less tenderness and muscle spasm. Active range of motion was restricted to 160 to 170 degrees; passive range of motion was 20% restricted; positive Roos test, positive Apley test; positive supraspinatus press test and resist test, positive impingement test. The patient was diagnosed with shoulder sprain/strain; radicular neuralgia; cervical sprain/strain; thoracic sprain/strain; segmental dysfunction of the cervical and thoracic spine. Prior utilization review dated 07/30/2014 stated the request for Muscle Relaxant #1 (non-specific) was denied as there was no clear indication what agents were being request. Anti-inflammatory #1 was denied as well as there was no indication regarding what agent were being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle Relaxant #1 (non-specific): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <MUSCLE RELEXANTS (FOR PAIN)>

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Patient notes that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. In most cases of low back pain, and they show no benefits beyond NSAIDs in pain and overall improvement. There is also no additional benefit shown in combination of NSAIDs. MTUS also notes that muscle relaxants are broad range of medications generally divided into anti-spasmodics, anti-spasticity drugs, and drugs which combine both actions. The Official Disability Guidelines (ODG) mirror the above recommendations from MTUS. The provided clinical documentation fails to mention what medication specifically is being requested for authorization in this patient. Without more information, an informed review cannot be provided. Given lack of adequate clinical documentation, the request is not deemed medically necessary.

**Anti-inflammatory #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <NSAIDs, specific drug list & adverse effects>

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) note that non-steroidal anti-inflammatories (NSAIDs) are recommended for patients at the lowest dose and for the shortest duration necessary to provide adequate relief in patients with moderate to severe pain related to osteoarthritis. NSAIDs appear to be superior to acetaminophen in patients with moderate to severe pain. No evidence exists recommend one drug in the class above another from a pain alleviation standpoint, as all appear to have similar efficacy to one another. Specific recommendations should instead be based upon side-effect risk. MTUS recommends NSAIDs as a second line after acetaminophen in the treatment of acute exacerbations of chronic back pain. NSAIDs are recommended as an option for short-term relief of symptoms associated with chronic low back pain. The Official Disability Guidelines (ODG) mirror the above MTUS guidelines. The provided clinical documentation fails to mention what medication specifically is being requested for authorization in this patient. Without more information, an informed review

cannot be provided. Given lack of adequate clinical documentation, the request is not deemed medically necessary.