

<b>Case Number:</b>	CM14-0163155		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Rehab, 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 52 year old female with date of injury 04/13/10. The treating physician report dated 11/13/14 (26) indicates that the patient presents with pain affecting her neck and shoulder. The physical examination findings reveal increased tenderness to the cervical paraspinal muscles and occipital protuberance with active spasm. The patient rates their pain as 8/10 without medications and 3/10 with medications. Prior treatment history includes acupuncture, TENs unit, and medication. MRI findings from 2010 reveal AC joint osteoarthritis and mild infraspinatus subscapularis tendinosis without rotator cuff tear. MRI of the cervical spine findings reveal C5-6 and C6-7 are degenerated and C6-7 have disc height loss. The current diagnoses are: 1. Right Shoulder Pain 2. Cervical Spine DDD 3. Bilateral Medial Epicondylitis. The utilization review report dated 09/30/14 denied the request for Retro (DOS 9/18/2014) Vicoprofen 7.5/200mg #120 and Retro (DOS: 9/18/2014) Zanaflex 4mg #60 based on exceeding the recommended timeline per guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 9/18/2014) Vicoprofen 7.5/200mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Anti-inflammatory medications Opioids for chronic pain Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter: Opioids; Criteria for use of Opioids, Therapeutic Trial of

Opioids; Medications for acute pain (analgesics); Medications for subacute & chronic pain; NSAIDs specific drug list & adverse effects Washington State Dept of Labor: Guideline for Prescribing Opioids to Treat Pain in Injured Workers: Effective July 1, 2013 Opioids for Catastrophic Injuries

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-92.

**Decision rationale:** The patient presents with pain affecting her neck and shoulder. The current request is for Retro (DOS 9/18/2014) Vicoprofen 7.5/200mg #120. The treating physician's 5/8/14 report states that the patient is currently prescribed Vicoprofen 7.5/200 one 4 a day. The treating physician states, "With medication, her pain goes from an 8/10 to a 3/10. Medications allow her to work full time and carry out activities of daily living. No adverse side effects. No aberrant behavior is noted. The Vicoprofen provides about 4 to 6 hours pain relief depending on her activity level." (28) The MTUS guidelines state, "Recommended for short term use only (generally less than 10 days)." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as pain assessment. In this case, the treating physician has documented the 4 as required, but the patient has been prescribed Vicoprofen since at least 5/8/14 and continuing on a monthly basis, which exceeds the recommendation per MTUS guidelines. Therefore the request is not medically necessary.

**Retro (DOS: 9/18/2014) Zanaflex 4mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter: Muscle relaxants (for pain)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic.

**Decision rationale:** The patient presents with pain affecting her neck and shoulder. The current request is for Retro (DOS: 9/18/2014) Zanaflex 4mg #60. The treating physician states, "She continues to be very flared especially by the end of the workday. Medications continue to be beneficial. Occipital protuberance with active spasm noted." (28) The MTUS guidelines state, "Centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity." In this case, the treating physician has documented that the patient is having active spasms and that the patient has not had any side effects. Therefore the request is medically necessary.