

<b>Case Number:</b>	CM14-0207846		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehabilitation 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 41 year old female with date of injury 12/15/11 that occurred as a result of a slip and fall accident. The treating physician hand written report dated 7/28/14 indicates that the patient presents with pain affecting the cervical spine with 80-85% improvement following facet rhizotomy and right hip pain. The physical examination findings reveal decreased cervical ranges of motion, negative Spurlings test and tenderness affecting the traps. Prior treatment history includes facet injections, physical therapy and medication management. MRI findings of the right shoulder reveal no evidence of rotator cuff tear on 12/12/11. Cervical spine MRI on 3/28/12 showed disc protrusion at C6/7. The current diagnoses are: 1.Cervical facet pain 2.Right shoulder s/s 3.Right hip lateral trochanteric bursitis s/s The utilization review report dated 11/26/14 denied the request for Tylenol #3, Fexmid and Neurontin based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tylenol #3 300/30 mg QTY: 120 DOS: 10/20/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with chronic neck pain, improved with facet rhizotomy and right hip pain. The current request is for Tylenol #3 300/30 mg QTY: 120 DOS: 10/20/14; however, the report was not provided. The physician states that medications reduce pain. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, activities of daily livings (ADLs), adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented before and after pain scales, there is no discussion of improvements in activities of daily living or functional improvements, and there is no documentation of side effects or aberrant behaviors as required by MTUS for ongoing opioid usage. Therefore, this request is not medically necessary.

**Retro Fexmid 7.5mg QTY: 60 DOS: 10/20/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain); Cyclobenzaprine Page(s): 63; 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with chronic neck pain, improved with facet rhizotomy and right hip pain. The current request is for Retro Fexmid 7.5mg QTY: 60 DOS: 10/20/14. The report dated 10/20/14 was not found in the medical records provided. The MTUS guidelines support the usage of Cyclobenzaprine (Fexmid) for a short course of therapy, not longer than 2-3 weeks. The documentation provided indicates that patient has been prescribed this medication since at least 7/28/14 and continuation on 10/20/14 is not supported by the MTUS guidelines. Therefore, this request is not medically necessary.

**Retro Neurontin 600mg QTY: 60.00 DOS: 10/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18; 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The patient presents with chronic neck pain, improved with facet rhizotomy and right hip pain. The current request is for Retro Neurontin 600mg QTY: 60.00 DOS: 10/2014. The report dated 10/20/14 was not found in the medical records provided. In reviewing the reports provided the patient has been using Neurontin since at least 6/17/14. The MTUS guidelines support the usage of Neurontin for the treatment of radicular pain. In this case, the treating physician has not documented pain and function with this chronic pain medication as

required by MTUS on page 60. There is no way to tell if this medication is providing any relief or functional benefits for this patient. Therefore, this request is not medically necessary.