

<b>Case Number:</b>	CM14-0043010		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/15/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male who sustained an industrial injury on 01-15-2009. The injured worker was diagnosed as having neck pain with cervical dystonia. Treatment to date has included acupuncture, aquatic therapy, bracing, chiropractic care, injections, facet injections, massage, traction, and a transcutaneous electrical nerve stimulation (TENS) unit. Botox injections were given on three occasions for chronic neck pain with report of one episode of good relief when 100 units was administered, and one episode of minimal relief when 15 units were administered to each side of the neck (total 30 units). Botox 50 units was injected in 5 unit increments bilaterally in to the tight bands of trapezium muscle on 11-05-2013. In the note of 11-04-2013, the worker complains of neck and back pain. The neck pain radiates to the head causing headaches, and he has muscle tension in the back of the head. He is unable to fully extend his neck. Medications on 11-15-2013 include Motrin, Buprenorphine, Reglan, levoxyl, Flexeril, Testosterone, Reclast infusion, Novalog, and Cytomel. On exam, the worker complains of ringing in the ears and hearing loss. He has no history of head trauma, loss of consciousness, seizures, lightheadedness, and problems with coordination or tremors. He complains of morning stiffness and excessive fatigue. His Owstry disability index done 11-05-2013 had a raw score of 14 with a % score of 28% indicating mild disability. His cervical spine exam showed tenderness in the upper trapezius and lower cervical spine. According to the provider notes of 11/04/2013, he has forward flexion deformity of dystonia and his lateral movement is decreased with severely decreased ability to rotate. A request for authorization was submitted for Buprenorphine 8mg #60, Flexeril ER (Extend Release) #15, Motrin 800mg #60, and a Botox

injection. A utilization review decision (03/28/2014) non-approved the requests for Flexeril ER, Motrin, and Buprenorphine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Buprenorphine 8mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition Buprenorphine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** The claimant sustained a work injury in January 2009 and is being treated for chronic neck and back pain and headaches. When seen, there was decreased cervical range of motion with findings of dystonia. Buprenorphine (Suboxone) is recommended as an option for treatment of chronic pain in select patients such as a patient with a hyperalgesic component to their pain, centrally mediated pain, neuropathic pain, for a patient at high risk of non adherence with standard opioid maintenance, or for analgesia in a patient who has previously been detoxified from other high dose opioids. In this case, there is no history of detoxification from high dose opioids or identified high risk of non-adherence. There is no definite hyperalgesia component. Suboxone is not a first line agent and there are other preferred treatments. The request is not considered medically necessary.

#### **Flexeril ER (Extend Release) #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in January 2009 and is being treated for chronic neck and back pain and headaches. When seen, there was decreased cervical range of motion with findings of dystonia. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. Extended release Cyclobenzaprine is not a preferred formulary medication and in this case, ongoing long-term use is planned and was not medically necessary.

#### **Motrin 800mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in January 2009 and is being treated for chronic neck and back pain and headaches. When seen, there was decreased cervical range of motion with findings of dystonia. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.