

<b>Case Number:</b>	CM15-0000294		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old female who sustained an industrial injury on 8/20/2012. She has reported left and right upper extremities, shoulder and neck pain. The diagnoses have included synovitis, tenosynovitis of the hand and wrist, fibromyositis, shoulder joint pain, chronic pain syndrome and right carpal tunnel syndrome. Treatment to date has included home exercise, occupational therapy, physical therapy and medication management. Currently, the IW complains of left shoulder pain, right hand pain and neck stiffness. The treatment plan included Tylenol ES 660 mg 1 every 12 hours, Skelaxin 800 management at bedtime #30 and Vicodin 5/300 mg daily #45. On 12/15/2014, Utilization Review modified the request for Skelaxin from #30 to #15 for weaning purposes and modified Vicodin #45 to #15 for weaning purposes, noting the usage exceeded the guidelines. The Utilization Review noncertified the Tylenol, noting the lack of efficacy as noted by functional improvement or the treatment of osteoarthritis. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12-29/2014, the injured worker submitted an application for IMR for review of Tylenol ES 660 mg 1 every 12 hours, Skelaxin 800 management at bedtime #30 and Vicodin 5/300 mg daily #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol Es 660mg, #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Pain Outcomes and Endpoints Page(s): 60-61, 8-9.

**Decision rationale:** According to the 12/12/14 Utilization Review letter, the Tylenol ES requested on the 11/25/14 medical report was denied because there was no reporting of functional improvement. Medical records from 7/11/14 through 11/25/14 were provided for this review. The patient is a 33 year-old female, who was injured on 8/20/2012 and has been diagnosed with hand tenosynovitis; carpal tunnel syndrome; and shoulder joint pain. She has been using the Tylenol ES 650mg since 7/11/14. On 7/11/14, her pain was rated at 7.5/10 intensity. There was no pain rating on the 8/22/14 report, but the patient was reported to have received the wrong dosage of Tylenol. The 10/27/14 report documents pain levels at 9/10, and the 11/25/14 report shows pain at 10/10 intensity. There is no discussion of efficacy on the medications, and reviewing the provided records does not show that medications are having any effect on the patient's pain levels, function or quality of life. MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, page 60-61 states: Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: " When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The patient's overall pain levels are increasing despite use of Tylenol ES. The documentation does not describe a satisfactory response to treatment. MTUS guidelines do not recommend continued treatment without a satisfactory response. The request for Tylenol ES, 660 mg, #60 with 4 refills IS NOT medically necessary.

**Skelaxin 800mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Pain Outcomes and Endpoints Page(s): 63-66, 8-9.

**Decision rationale:** According to the 12/12/14 Utilization Review letter, the Skelaxin 800mg requested on the 11/25/14 medical report was modified to allow #15 tablets, rationale not provided. Medical records from 7/11/14 through 11/25/14 were provided for this review. She has been using the Skelaxin 800mg since 7/11/14. On 7/11/14, her pain was rated at 7.5/10 intensity. There was no pain rating on the 8/22/14 report. The 10/27/14 report documents pain levels at 9/10, and the 11/25/14 report shows pain at 10/10 intensity. There is no discussion of efficacy on the medications, and reviewing the provided records does not show that medications are having any effect on the patient's pain levels, function or quality of life. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) states 'Recommend non-sedating

muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: 'When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.' The patient is not reported to have low back pain, or muscle spasms and there is no improvement with pain, function or quality of life with use of Skelaxin. The documentation does not describe a satisfactory response to treatment. MTUS guidelines do not recommend continued treatment without a satisfactory response. The request for Skelaxin 800mg, #30 with 1 refill IS NOT medically necessary.

**Vicodin 5/300mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** According to the 12/12/14 Utilization Review letter, the Vicodin 5/300mg requested on the 11/25/14 medical report was modified to allow #15 tablets, rationale not provided. Medical records from 7/11/14 through 11/25/14 were provided for this review. She has been using the Vicodin 5/300mg since 7/11/14. On 7/11/14, her pain was rated at 7.5/10 intensity. There was no pain rating on the 8/22/14 report. The 10/27/14 report documents pain levels at 9/10, and the 11/25/14 report shows pain at 10/10 intensity. There is no discussion of efficacy on the medications, and reviewing the provided records does not show that medications are having any effect on the patient's pain levels, function or quality of life. MTUS page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids On-Going Management states the Actions Should Include: Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient's overall pain levels are increasing despite use of Vicodin. The documentation does not describe a satisfactory response to treatment. MTUS guidelines do not recommend continued treatment without a satisfactory response. The request for Vicodin 5/300mg, #45 IS NOT medically necessary.