

<b>Case Number:</b>	CM15-0003603		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On 11/13/12, this 49 year old female sustained an industrial injury with subsequent neck, left shoulder and left elbow pain. Magnetic resonance imaging of the cervical spine (3/19/13) showed degenerative disk disease with disc bulge and moderate neural foraminal stenosis at C4-5. Magnetic resonance imaging of the left shoulder (4/12/13) showed left shoulder calcific tendinitis of the rotator cuff with moderate degenerative joint disease of the acromioclavicular joint and moderate tendinopathy. Treatment included medications and physical therapy. In a PR-2 dated 12/2/14, the injured worker complained of constant neck pain and stiffness with radiation to the upper back associated with headaches, constant left shoulder pain with restricted and painful mobility of the left shoulder joint and intermittent left elbow pain that increased with movement and activity. Physical exam was remarkable for tenderness to palpation to the cervical spine, left shoulder and the medial epicondyle of the left elbow, pain with flexion and extension maneuvers to the cervical spine, pain with range of motion to the left shoulder, and positive Neer, Hawkins and Jobe tests for the left shoulder. Current diagnoses included cephalgia, left thoracic outlet syndrome, left shoulder calcific tendinitis of the rotator cuff, left elbow medial epicondylitis and bilateral carpal tunnel syndrome. The injured worker was prescribed Vicodin 5mg #90 and Flexeril 5mg #20. On 12/15/14, Utilization Review noncertified a request for Vicodin 5mg #90 and Flexeril 5mg # 20 noting no indication of severe pain or spasm and CA MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5mg #90:** Overturned

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

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

**Decision rationale:** Those prescribed opioids chronically require ongoing assessment for pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has re-gained employment. In this instance, it is unclear if the current treatment constitutes chronic opioid therapy. Vicodin appears to have been prescribed 11-13-2014 after a long period of no medication at all. This treatment plan appears to use opioids like Vicodin intermittently. It is also noted that the injured worker appears to be working. Because the use of opioids in this instance does not appear to be chronic, the above requirements do not appear to require satisfaction at this point. The injured worker is working. Therefore, Vicodin 5mg #90 is medically necessary.

**Flexeril 5mg #20:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by ██████████. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Flexeril is recommended as an option for pain, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this instance, roughly a one week course of therapy was given 11-13-2014. A request for authorization for another 20 tablets appears on 1-7-2015. Because the use of Flexeril appears to be for short courses separated in time, it does not appear that its use in this case can be considered chronic at this point. Therefore, Flexeril 5mg #20 is medically necessary. The utilization review physician non-certified Flexeril on the basis that no muscle spasm was documented. However, a strict interpretation of the guidelines does not require such documentation.

