

<b>Case Number:</b>	CM15-0006616		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Arizona

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 52-year-old female who reported an injury on 10/28/2008. The mechanism of injury was due to catching a student from falling. On 12/22/2014, she presented for a followup evaluation. She reported continued constant neck and upper back pain with reduced range of motion and painful movement. She stated that the pain radiated to the left shoulder. She also reported constant left shoulder pain and dropping things, as well as associated numbness and tingling in the left upper extremity with reduced range of motion. Her medications included Norco, Lyrica, Dexilant, Brintellix, Klonopin, Seroquel, migraine medicine, and Bystolic. A physical examination of the left shoulder revealed tenderness to palpation over the left shoulder, left levator, left upper trapezius, and left rhomboids. Neer's and Hawkins tests were positive and she complained of numbness and tingling in the left hand and all fingers. The treatment plan was for a Medrol Dosepak (quantity unspecified), cyclobenzaprine 10 mg (quantity unspecified), and Norco 10/325 mg (quantity unspecified). The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dose-pak, quantity unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Neck & Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Corticosteroids.

**Decision rationale:** According to the Official Disability Guidelines, oral corticosteroids are not recommended for chronic pain except for polymyalgia rheumatica (PMR). Based on the clinical documentation submitted for review, the injured worker reported ongoing neck and left upper extremity pain. However, there was a lack of documentation indicating a clear rationale for the medical necessity of oral corticosteroid agents. Also, documentation regarding the injured worker's response to this medication in terms of pain relief and improvement in function was not stated. Furthermore, oral corticosteroids are not recommended except for cases with PMR. The injured worker was not noted to have PMR and therefore, this request would not be supported. Furthermore, the quantity and frequency of the medication were not stated within the request. As such, the request is not medically necessary.

**Cyclobenzaprine 10mg, quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the California MTUS Guidelines, muscle relaxants are only recommended for the short term symptomatic relief of low back pain. Based on the clinical documentation submitted for review, the injured worker was not noted to have low back pain. Also, the duration of treatment with this medication was not evident within the reports. Without this information, continuing would not be supported as it is only recommended for short term treatment. Furthermore, the quantity and frequency of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Norco 10/325mg, quantity unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. There was a lack of documentation showing a

satisfactory response to this medication in terms of a quantitative decrease in pain or an objective improvement in function with its use to support continuing treatment. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, the quantity and frequency of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.