

<b>Case Number:</b>	CM15-0007900		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Maryland

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

### 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 53 year old female who sustained a work related injury on August 18, 2010. She was pushing a pot of water when it got stuck on a floor grill and flipped forward causing the injured worker to fall injuring her back and right hand. X rays of the hand showed soft tissue swelling and x rays of the cervical spine showed mild cervical straightening. Diagnoses made were strain of the right hand, second metatarsophalangeal joint, contusion of the right index finger and cervical spine strain, lumbar radiculitis. Treatment included hot and cold packs, proton pump inhibitor, and acetaminophen. Later, she was started with physical therapy treatments and anti-inflammatory medication. Currently, in November, 2014, the injured worker reported pain in the neck, back and knees. Treatment to date included lumbar surgery, acupuncture, chiropractic treatments and medication. The progress note states that the patient's condition improved. With acupuncture she can do more ADLs with less pain. She also complains of giving way of bilateral knees. Meds are not helping. Ultram is keeping her awake. There is a request for pain management for possible cervical epidural steroid injection. Her 4/2/13 reveals cervical stenosis; canal stenosis. Her physical exam of the cervical spine was partially illegible and handwritten. It states tender paraspinals with spasm/guarding. There is decreased bilateral C6 dermatome sensation. On December 30, 2014, a request for one pain management consultation between November 21, 2014 and February 21, 2015 was non-certified and a request for one prescription of Fexmid #60 was modified to a certification of one prescription of Fexmid #42 between November 21, 2013 and February 21, 2015, by Utilization Review, noting the California MTUS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 92.  
Decision based on Non-MTUS Citation Pain

**Decision rationale:** One pain management consultation is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not indicate new findings on physical exam. The patient has had longstanding chronic complaints. The recent progress note states that acupuncture is providing some relief. The documentation reveals that on 6/26/13 the patient had bilateral cervical multi level epidural injections of C3-4; C4-5; C5-6; C7-T1; and T1-T2. The documentation does not reveal evidence of functional improvement or prolonged decrease in medications after these injections. The request for one pain management consultation is not medically necessary.

**One prescription of Fexmid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** One prescription of Fexmid #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. Furthermore the request does not indicate how many milligrams are being requested. The request for Cyclobenzaprine is not medically necessary.

