

<b>Case Number:</b>	CM15-0008821		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Washington

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 34-year-old female who reported an injury on 03/06/2012, due to an unspecified mechanism of injury. On 12/18/2014, she presented for a followup evaluation. She had reported low back pain with right lower extremity symptoms, rated at a 7/10, and right shoulder pain that was gradually improving, rated at a 5/10. She was noted to be taking naproxen sodium, cyclobenzaprine and hydrocodone for pain relief. It was stated that her activities of daily living were maintained with her medications and with the current dosing regimen. It was stated that hydrocodone 10 mg resulted in average 4 to 5 point decrease in a pain scale of 10. The NSAID facilitated a 2 to 3 point diminution in pain component, and spasm remained refractory to stretching, heat, cold, activity modification and physical therapy. It was stated that cyclobenzaprine 7.5 mg 3 times a day facilitated a decrease in the intractable spasm for an average of 4 to 5 hours. A physical examination showed tenderness of the right shoulder anterior aspect at the AC with limited range of motion. A lumbar spine examination essentially was noted to be unchanged. There was a positive straight leg raise. She was diagnosed with tendinosis of the supraspinatus and subscapularis muscle on the right shoulder, left shoulder impingement and rule out lumbar disc injury. The treatment plan was for naproxen sodium 550 mg #90, cyclobenzaprine 7.5 mg #90 and hydrocodone 10/325 mg #60. The rationale for treatment was to continue treating the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to the California MTUS Guidelines, NSAIDs are recommended for the short term symptomatic relief of low back pain, and osteoarthritis and tendonitis. Based on the clinical documentation submitted for review, the injured worker was noted to have reported right shoulder and lumbar spine pain. However, there is lack of documentation regarding how long the injured worker has been using this medication. Without this information, continuing would not be supported as it is only recommended for short term treatment. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

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

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

**Decision rationale:** The request for cyclobenzaprine 7.5mg #90 is not supported. The California MTUS Guidelines indicate that cyclobenzaprine is only recommended as a second line treatment option for acute low back pain for short term treatment. Based on the clinical documentation submitted for review, the injured worker was noted to have spasms that were decreased by the medication cyclobenzaprine. However, the documentation provided does not indicate how long the injured worker has been using this medication. Without this information, a continuation would not be supported as it is only recommended for short term treatment. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Hydrocodone 10/325mg #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine and right shoulder, and had stated that hydrocodone had helped decrease her pain and increase her function. However, no official urine drug screens or CURES reports were provided for review to validate that she has been compliant with her medication regimen. Also, the frequency of the medication was not provided in the request. Therefore, the request is not supported. As such, the request is not medically necessary.