

<b>Case Number:</b>	CM15-0131210		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/07/1998
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 59 year old female, who sustained an industrial injury on 08/07/1998. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having status post cervical fusion, cervical discogenic disease, chronic cervical spine sprain/strain, status post left knee surgery, left knee recurrent internal derangement, chronic pain syndrome, right shoulder impingement, rotator cuff tear, and tear of the anterior superior glenoid labrum. Treatment and diagnostics to date has included right shoulder MRI which showed supraspinatus partial thickness tearing and tendinosis, tear of the anterior superior glenoid labrum, and acromioclavicular joint hypertrophy, cervical spine surgery, left knee surgery, urine drug screen dated 06/09/2015 which was inconsistent with prescribed medications, chiropractic treatment, home exercise program, and medications. In a progress note dated 05/12/2015, the injured worker presented with complaints of chronic cervical spine pain, chronic left knee pain, and right shoulder pain. Pain level is noted as a 7/10 without medications and a 4/10 with medications and is able to do light chores. The physician noted that she continues to do well in chiropractic treatment. Objective findings include cervical spine spasms with tenderness over the trapezium and decreased and painful range of motion, left knee decreased range of motion with tenderness and patellofemoral crepitation, and right knee tenderness with painful range of motion and patellofemoral crepitation. The treating physician reported requesting authorization for Flexeril, Klonopin, and additional chiropractic treatment for the cervical spine, right shoulder, and bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** According to California MTUS Chronic Pain Treatment Guidelines, Flexeril (Cyclobenzaprine) is "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use". The medical records show that the injured worker has been prescribed Flexeril (Cyclobenzaprine) regularly since 12/05/2013. There is no documented improvement in pain or function with the cyclobenzaprine. The continued use of Flexeril for over a year and a half exceeds the MTUS recommendations. Therefore, based on the Guidelines and the submitted records, the request for Flexeril is not medically necessary.

**Klonopin 1mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks". This injured worker has been on a benzodiazepine since at least 12/05/2013 which is much longer than the recommended 4 weeks as suggested by MTUS. In addition, the urine drug screen performed on 06/09/2015 was negative for benzodiazepines, specifically Clonazepam (Klonopin). Therefore, based on the Guidelines and the submitted records, the request for Klonopin is not medically necessary.

**Additional chiropractic treatment for cervical spine, right shoulder, and bilateral knees, two times per week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, chiropractic care is recommended as an option for the low back with a therapeutic trial of "6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks". The documentation submitted does not indicate how many visits the injured worker has already completed and fails to document any significant objective functional improvement to warrant continuation. In addition, there is no chiropractic treatment notes submitted for review. Therefore, based on the Guidelines and the submitted records, additional chiropractic treatment is not medically necessary.