

Case Number:	CM15-0140281		
Date Assigned:	07/30/2015	Date of Injury:	05/08/2012
Decision Date:	09/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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
 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 41 year old female, who sustained an industrial injury on May 8, 2012. The injury occurred while the injured worker was breaking down pallets and experienced an intense headache, cervicobrachial pain and periscapular pain. The diagnoses have included cervical disc displacement without myelopathy, tension headache, cervical disc degeneration, pain psychogenic and unspecified major depression-recurrent episode. The injured worker also had a history of multiple sclerosis. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy, trigger point injections, massage therapy, functional restoration program, epidural steroid injections and a home exercise program. The injured workers work status was noted to be permanent and stationary. Current documentation dated June 10, 2015 notes that the injured worker reported increased chronic neck pain with radiation to the medical aspect of both arms. The injured worker also noted increased difficulty with performing self-care and a home exercise program. Objective findings included neck pain. The injured worker was noted to be having a flare-up of multiple sclerosis symptoms. The treating physician's plan of care included a request for Flexeril 7.5 mg # 90 and a Medrol 4 mg Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol 4mg Dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 06/15/15) - Online Version, Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) under Medrol Dose Pack.

Decision rationale: The patient presents with neck, head and right upper extremity pain. The request is for MEDROL 4GM DOSEPAK. Physical examination to the cervical spine on 03/09/15 revealed tenderness to palpation to the trapezius muscle; an increase to the muscle tone was noted as well. Patient treatments have included image studies, cervical ESI and physical therapy with benefits. Per 07/08/15 progress report, patient's diagnosis include cervical disc displacement without myelopathy, headaches: tension; degeneration: cervical disc, pain: psychogenic nos, unspecified major depression, recurrent episodes, therapeutic drug monitor, and other specified leukemia in remission. Patient's medications, per 06/10/15 progress report include Ibuprofen, Cyclobenzaprine, Excedrin, Avonex Pen, Clonazepam, Abilify, Zolofit and Plegriid. Patient is permanent and stationary. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) under Medrol Dose Pack - See Corticosteroids (oral/parenteral/IM for low back pain) states Medrol is not recommended for chronic pain. The guidelines state that "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." In 06/10/15 progress report, it is stated that the patient is experiencing a flareup of her usual pain complaints and the treater feels that the patient should trial a Medrol Dosepak to calm down the inflammations. ODG guidelines support the use of Medrol Paks for acute radicular pain. The patient continues with pain in the neck, head and right upper extremity. However, the treater has not documented any clinical findings, subjective or objective, with radicular component. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine (Flexeril) 7.5mg #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: The patient presents with neck, head and right upper extremity pain. The request is for CYCLOBENZAPRINE (FLEXERIL) 7.5 MG #90. Physical examination to the cervical spine on 03/09/15 revealed tenderness to palpation to the trapezius muscle; an increase to the muscle tone was noted as well. Patient treatments have included image studies, cervical ESI and physical therapy with benefits. Per 07/08/15 progress report, patient's diagnosis include

cervical disc displacement without myelopathy, headaches: tension; degeneration: cervical disc, pain: psychogenic nos, unspecified major depression, recurrent episodes, therapeutic drug monitor, and other specified leukemia in remission. Patient's medications, per 06/10/15 progress report include Ibuprofen, Cyclobenzaprine, Excedrin, Avonex Pen, Clonazepam, Abilify, Zoloft and Plegridy. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Treater does not discuss this request. Review of the medical records provided indicate that the patient was prescribed Cyclobenzaprine from 01/06/15 through 07/08/15. However, treater has not documented the medication's efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 90 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.