

Case Number:	CM15-0141245		
Date Assigned:	07/31/2015	Date of Injury:	05/12/2014
Decision Date:	09/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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 male, who is 39 years old, with a reported date of injury of 05-12-2014. The mechanism of injury was a metal bed frame fell down and hit him directly on the head while tying his boots. He touched his head and felt that he was bleeding profusely. The injured worker's symptoms at the time of the injury included profuse bleeding from the head. The diagnoses include cervical sprain and strain and multilevel cervical disc protrusions. Treatments and evaluation to date have included physical therapy. The diagnostic studies to date have not been included in the medical records. The progress report dated 02-24-2015 indicates that the injured worker complained of neck pain, and requested medication refill. The objective findings were listed as unchanged. The injured worker's work status was not indicated. The permanent and stationary report dated 01/13/2015 indicates that the injured worker continued to have ongoing neck pain and stiffness with occasional pin into the left upper extremity with numbness and tingling. The physical examination of the cervical spine showed tenderness to palpation over the upper trapezius, left greater than the right; tenderness to palpation over the levator scapula on the left; tenderness to palpation over the spinous processes, more on the left side, from C2 through C5; normal range of motion; and negative Spurling's sign. It was noted that he was neurovascularly intact in the bilateral upper extremities. There was documentation that the injured worker may return to work with modified duties of no overhead lifting, pulling, and pushing more than 20 pounds. The injured worker was to refrain from repetitive bending of his neck. The treating physician requested Cyclobenzaprine 10mg #90 with two refills and Ibuprofen 800mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Cyclobenzaprine 10mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

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

Decision rationale: The patient was injured on 05/12/14 and presents with neck pain and stiffness with occasional pin into the left upper extremity with numbness and tingling. The request is for a PHARMACY PURCHASE OF CYCLOBENZAPRINE 10 MG, #90 WITH 2

REFILLS. There is no RFA provided and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines, Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has tenderness to palpation over the upper trapezius, left greater than the right; tenderness to palpation over the levator scapula on the left; tenderness to palpation over the spinous processes, more on the left side, from C2 through C5; normal range of motion; and negative Spurling's sign. He is diagnosed with cervical sprain and strain and multilevel cervical disc protrusions. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the treater is requesting for 90 tablets of Cyclobenzaprine with 2 refills, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.

Pharmacy purchase of Ibuprofen 800mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient was injured on 05/12/14 and presents with neck pain and stiffness with occasional pin into the left upper extremity with numbness and tingling. The request is for a PHARMACY PURCHASE OF IBUPROFEN 800 MG, #60 WITH 1 REFILL. There is no RFA provided and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: "Anti-inflammatories

are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 also states: "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has tenderness to palpation over the upper trapezius, left greater than the right; tenderness to palpation over the levator scapula on the left; tenderness to palpation over the spinous processes, more on the left side, from C2 through C5; normal range of motion; and negative Spurling's sign. He is diagnosed with cervical sprain and strain and multilevel cervical disc protrusions. None of the two reports provided discuss how Ibuprofen has impacted the patient's pain and function. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Ibuprofen IS NOT medically necessary.