

Case Number:	CM15-0193504		
Date Assigned:	10/07/2015	Date of Injury:	10/14/2014
Decision Date:	11/17/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 10-14-2014. The injured worker is undergoing treatment for: cervical sprain, cervical disc degeneration, acquired cervical spine hyperlordosis, lumbar spine disc protrusion, disc degeneration, facet arthropathy and hypertrophy, lumbar disc bulge, lumbar spondylosis, foot sprain, and foot ossification. On 9-16-15, she reported flare up of low back pain with stiffness, spasms, and burning sensation that started on 9-12-15 and she was self-treating at home. She rated her pain 10 out of 10 and indicated there was numbness and tingling in both feet. She also reported neck pain with radiation into the bilateral shoulders and occasionally the upper back, and left foot pain with numbness and tingling on the bottom. Objective findings revealed decreased lumbar spine and cervical spine ranges of motion. The records do not discuss the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no discussion of the efficacy of the prescribed medications. There is no notation regarding hypertonicity or spasms on the current physical examination. The treatment and diagnostic testing to date has included: medications, x-rays, at least 10 physical therapy sessions, magnetic resonance imaging (date unclear). Medications have included: Norco, Percocet-endocet, tussin dm-diabetic tussin dm, Tylenol number 3, Neurontin, Mobic, Terocin cream. The records indicate she has been utilizing Tylenol number 3 since at least June 2015, possibly longer; and Flexeril since at least August 2015, possibly longer. Current work status: unclear. The request for authorization is for: retrospective for Tylenol number 3, 300-30mg quantity 60, and Flexeril 7.5mg quantity 90. The

UR dated 9-10-15: non-certified the request for Tylenol number 3, 300-30mg quantity 60, and Flexeril 7.5mg quantity 90, weaning recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tylenol 300 mg/30 mg #60 DOS 8/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tylenol #3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #3 along with NSAIDS and muscle relaxants for several months without significant improvement in pain or function. The claimant was previously on Norco and long-term opioids are not indicated. No one opioid is superior to another. There was no mention of Tylenol (alone) or weaning failure. The continued use of Tylenol #3 is not medically necessary.

Retrospective request for Flexeril 7.5 mg #90 DOS 8/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with opioids and NSAIDS without improvement in pain or function. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.