

<b>Case Number:</b>	CM15-0207053		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New Jersey  
 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 47 year old female who sustained an industrial injury on 9-12-12. The medical records indicate that he injured worker was treated for neck strain; myofascial pain; major depression; occipital neuralgia; degenerative joint disease of the knee; cervical spondylosis; cervical radiculitis; lumbar radiculopathy. She currently (9-8-15) complains of constant neck pain radiating to bilateral hands with a pain level of 4 out of 10 and on 4-1-15 the pain level was 5 out of 10. She gets 80% pain relief with medication. On physical exam of the cervical spine revealed taut bands of muscle, positive jump signs, palpation revealed pain at C3-C7 on the right side with painful range of motion. She is fully independent in all her own needs (per 6-3-15 note). Documentation (from 4-1-15 to 9-8-15) indicates physical functioning is the same. There was no adverse reaction to opioid therapy. Treatments to date include medications: Flexeril (since at least 5-7-15), Voltaren 1% gel; Robaxin; Tylenol #3 (since at least 5-7-15); diclofenac; hydrocodone; tramadol, Prozac, trazadone, ibuprofen (since at least 5-7-15), Relafen; trigger point injection left neck and left upper back (9-8-15); physical therapy; status post anterior cervical discectomy and fusion (12-17-13); transcutaneous electrical nerve stimulator unit. The request for authorization was not present. On 9-28-15 Utilization Review non-certified the requests for Flexeril 10mg #90; Motrin 600mg #60; Tylenol #3 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine) 10mg qty: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although there was no evidence that she was pregnant (suggested by previous reviewer), there was insufficient justification provided to chronically use Flexeril, against the recommendations of the Guidelines. Also, there was insufficient reporting of how effective this medication was at improving function, independent of the other medications used. Therefore, considering the above reasons, the Flexeril is not medically necessary.

**Motrin (Ibuprofen) 600mg qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, although there was no evidence that she was pregnant (suggested by the previous reviewer), there was insufficient justification for ongoing use of any NSAID on a chronic basis as this worker had been doing, including ibuprofen, diclofenac, and recently Voltaren. There was also insufficient reporting of how effective ibuprofen was at improving function and reducing pain independent of the other medications, which is required to clearly show medical necessity. Therefore, due to long-term side effect potential and lack of evidence of effectiveness, the ibuprofen is not medically necessary at this time.

**Tylenol no.3 300/30mg qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of her using Tylenol #3 leading up to this request for continuation; however, upon review of recent notes, there was not found a complete review regarding opioid use. In particular, there was no mention of how effective this medication was at reducing pain and improving function independent of the other medications, which is required in order to justify its continuation. Although there was no evidence of the worker being pregnant (suggested by previous reviewer), there was insufficient evidence for benefit and appropriateness of continued use. Therefore, the Tylenol #3 is not medically necessary at this time. Weaning may be indicated.