

<b>Case Number:</b>	CM15-0208949		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 44 year old female, who sustained an industrial-work injury on 2-14-14. She reported initial complaints of neck, left shoulder, and mid and low back pain. The injured worker was diagnosed as having disc herniation of the cervical spine, impingement syndrome of the left shoulder, and disc herniation of the lumbar spine. Treatment to date has included medication, chiropractic treatment, exercise, and diagnostics. X-rays were reported to demonstrate cervical spine loss of lordosis, left shoulder and humerus show no calcification in the soft tissues, lumbar-thoracic spine show persistent loss of lumbar lordosis. Currently, the injured worker complains of persistent neck pain, left shoulder pain, and mid to low back pain. On 7-27-15 the PR-2 noted an episode of the back locking up and hard time walking. Medication included Tylenol #4 and Flexeril that had been prescribed since at least 1-8-15. Per the primary physician's progress report (PR-2) on 9-10-15, exam notes she is in moderate distress, with tenderness about her cervical spine, left shoulder, and lumbar spine. Current plan of care includes chiropractic care with myofascial release along with medication and urine toxicology screen to monitor compliance. The Request for Authorization requested service to include Tylenol #4 #60 and Flexeril 10mg #40. The Utilization Review on 9-25-15 denied the request for Tylenol #4 #60 and Flexeril 10mg #40 but weaning is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 #60:** 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): Opioids for chronic pain.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records.

**Flexeril 10mg #40:** 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:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records.