MAXIMUS Federal Services

Case Number:	CM15-0223659		
Date Assigned:	11/19/2015	Date of Injury:	09/04/2014
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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 53 year old female, who sustained an industrial injury on September 4, 2014, incurring upper back, neck, low back, left shoulder and right wrist injuries. She was diagnosed with cervical disc degeneration, right wrist sprain and right carpal tunnel syndrome. Treatment included physical therapy, muscle relaxants, anti-inflammatory drugs, anti-anxiety medications, modified work duty and activity restrictions. Electromyography studies were unremarkable. Currently, the injured worker complained of persistent neck pain rated 5 out of 10 on a pain scale from 0 to 10. She noted chronic pain of the lower back rated 5 out of 10, left shoulder pain rated 2 out of 10 and right wrist and right hand pain rated 8 out of 10 which was worsening. She reported that she was unable to perform physical activities including household chores, lifting over 5 pounds, writing, and turning caps from bottles. She noted she was in constant pain requiring rest and medications. The treatment plan that was requested for authorization included prescriptions for Flexeril 10 mg #90 and Ibuprofen 800 mg #90. On October 28, 2015, a request for a prescription for Flexeril quantity #90 was modified to quantity #20 for weaning and a request for a prescription for ibuprofen was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine HCL) 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

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

Decision rationale: The current request is for Flexeril (Cyclobenzaprine HCL) 10mg #90. The RFA is dated 10/14/15. Treatment history included physical therapy, muscle relaxants, anti-inflammatory drugs, anti anxiety medications, modified work duty and activity restrictions. The patient is not working. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." Per report 10/1/15, the patient presents with persistent intermittent lower back, neck, shoulder and wrist/hand pain. The neck pain is rated as 5/10, low back pain 5/10, left shoulder pain 2/10 and right wrist and right hand pain as 8/10. The patient states that she is unable to perform physical activities including household chores, lifting over 5 pounds, writing, and turning caps from bottles due to her pain. Current medications includes a topical compound cream and Ibuprofen. The treater states, "I will write a prescription today for Flexeril to help with the paraspinal muscle spasm of the cervical spine and Ibuprofen to help with her pain." This is an initial request for Flexeril. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. The requested 90 tablets does not imply a short course of therapy. Therefore, the request is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The current request is for Ibuprofen 800mg #90. The RFA is dated 10/14/15. Treatment history included physical therapy, muscle relaxants, anti-inflammatory drugs, anti anxiety medications, modified work duty and activity restrictions. The patient is not working. MTUS Guidelines, Anti-inflammatory medications section, page 22 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per report 10/1/15, the patient presents with persistent intermittent lower back, neck, shoulder and

wrist/hand pain. The neck pain is rated as 5/10, low back pain 5/10, left shoulder pain 2/10 and right wrist and right hand pain as 8/10. The patient states that she is unable to perform physical activities including household chores, lifting over 5 pounds, writing, and turning caps from bottles due to her pain. Current medications includes a topical compound cream and Ibuprofen. The treater states "I will write a prescription today for Flexeril to help with the paraspinal muscle spasm of the cervical spine and Ibuprofen to help with her pain." The patient has been prescribed Ibuprofen since 07/08/15. Ibuprofen is considered a first line treatment and may be indicated for this patient's continued complaints; however, MTUS requires documentation of analgesia and functional changes with medications used for chronic pain. The treater has not provided any discussion on how the use of ibuprofen has helped this patient's pain or increase in function. Therefore, this request is not medically necessary.