

Case Number:	CM15-0033022		
Date Assigned:	02/26/2015	Date of Injury:	05/24/2000
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 66 year old female, who sustained an industrial injury on May 24, 2000. The injured worker sustained a neck, low and mid back injuries related to a fall. The diagnoses have included cervical degenerative spondylosis with spinal stenosis, left cervical radiculitis, low back pain, displacement of thoracic intervertebral disc and myalgia. Treatment to date has included pain medications, chiropractic care and two epidural steroid injections to the cervical spine. Current documentation dated January 15, 2015 notes that the injured worker complained of severe neck pain with left arm pain, numbness and tingling. Physical examination revealed a decreased range of motion of the cervical spine and decreased sensation in the left cervical seven-eight dermatome. The upper extremity examination demonstrated good motor strength and a negative Hoffman test. On February 11, 2015 Utilization Review modified requests for Flexeril 7.5 mg # 45 and Motrin 800 mg # 90 for weaning purposes. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: The 2/11/15 Utilization Review letter states the Flexeril 7.5mg, #60 requested on the 1/20/15 medical report was modified for weaning because there was no functional benefit and no discussion on how long the patient was on Flexeril. According to the 1/20/15 physiatry report, the patient presents for follow-up on neck, mid and low back pain. She saw a spinal surgeon who recommended surgery for the cervical spine. The patient has been taking Norco, 1-2/day, Flexeril and ibuprofen as needed. Her pain is from 7-10/10 and comes down to 1-3/10 with medication. The medication list shows the patient takes 18 medications. There is no discussion of functional benefit with use of Flexeril. The records show the patient has been using Flexeril since at least 11/18/14. MTUS Chronic Pain Medical Treatment Guidelines pg 63-66, Muscle relaxants (for pain) under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) The available records show the patient has been using Flexeril for longer than 3-weeks which exceed MTUS recommendations. The continued use of Flexeril 7.5mg, #60 IS NOT medically necessary.

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The 2/06/15 Utilization Review letter states the Motrin 800mg, #90 requested on the 1/20/15 medical report was modified to allow #60 tablets because there was no functional benefit reported and no documentation of appropriate monitoring. According to the 1/20/15 physiatry report, the patient presents for follow-up on neck, mid and low back pain. She saw a spinal surgeon who recommended surgery for the cervical spine. The patient has been taking Norco, 1-2/day, Flexeril and ibuprofen as needed. Her pain is from 7-10/10 and comes down to 1-3/10 with medication. The medication list shows the patient takes 18 medications. There is no discussion of efficacy with use of Motrin. MTUS Chronic Pain Medical Treatment Guidelines, pg 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. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of

Motrin. MTUS does not recommend continuing treatment if there is not a satisfactory response. The continued use of Motrin 800mg, #90 IS NOT medically necessary.