

<b>Case Number:</b>	CM15-0035623		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 56 year old male who sustained a work related injury on December 13, 2010, incurring neck and back injuries after stepping down from a truck when the step gave out. He was diagnosed with a right shoulder rotator cuff tear, right shoulder acromioclavicular arthrosis, left knee meniscus tear and left knee degenerative joint disease. He underwent a right shoulder arthroscopy with rotator cuff tear repair, subacromial decompression, and distal clavicle resection. Treatments included physical therapy, chiropractic sessions, epidural steroid injections, electromyogram studies and pain medications. Currently, the injured worker complained of persistent neck and back pain. On February 20, 2015, a request for one prescription for Butrans 10 mcg, one to skin every week, #4; and one prescription for Flexeril 10 mg, not to be used more than 2-3 times daily for no more than 1-2 weeks, #30, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg, one to skin per week, quantity 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Criteria for use for a therapeutic trial of opioids; Opioids for chronic pain in general conditions Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant was previously taking Norco and was consistently prescribed for the last 6 months. As a result, the use of Butrans patches is not medically necessary.

**Flexeril 10mg not to be used more than 2-3 times daily for no more than 1 to 2 weeks, quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain; Antispasticity drugs; Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary; Antispasticity drugs; Antispasmodics.

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

**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 for over 6 months in combination with Norco. Recent pain scores were not improving on Flexeril. Continued use is not medically necessary.