

Case Number:	CM15-0035847		
Date Assigned:	03/04/2015	Date of Injury:	09/14/2010
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	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: 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 52 year old male, who sustained an industrial injury on 9/14/2010. He reported being attacked by a client, with injury to his back, neck, right shoulder, and right upper exterior and right leg. The diagnoses have included neck sprain. Treatment to date has included conservative measures. Currently, the injured worker complains of back and neck pain, rated 10/10. He reported difficulty with sitting, standing, and lying down. He reported pain in his arm, fingers, neck, and head. He reported emotional distress as a result of physical injuries. He also reported difficulty and pain with intimacy. Physical exam noted a look of feeling "tired and drained", subdued affect, and psychomotor slowing. A Beck Depression Inventory score of 19 was noted. A Beck Anxiety Inventory score of 16 was noted. Physical exam of the cervical spine noted decreased lordosis, tightness and spasm at the bilateral trapezius, sternocleidomastoids, and strap muscles. Bilateral sub-occipital triangle tenderness, positive Spurling's, and positive foramina compression tests were noted. The right shoulder showed subacromial grinding and clicking, positive impingement test, and tenderness of the supraspinatus and infraspinatus. X-ray of the right shoulder (12/16/2014) was referenced as unremarkable. X-ray of the cervical spine (12/16/2014) was referenced as showing mild levoconvex cervical scoliosis involving the lower spine, straightening of the cervical lordosis with restricted range of motion on flexion and extension views, and small degenerative anterior endplate osteophytes off the endplates of C3 through C7. Current medications included Naproxen, Flexaril, Tramadol, and Cyclobenzaprine. On 2/10/2015, Utilization Review modified a request for Tylenol #4 (#120) to Tylenol #4 (#42-non-certification of #78), non-certified a

request for Naproxen sodium 550mg (#90), and non-certified a request for Flexaryl 10mg (#90), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tylenol number four #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with cervical spine strain/sprain, right shoulder strain/sprain, and lumbar spine strain/sprain. The request is for tylenol number four #120 on 02/03/15. The request was certified by the utilization review letter dated 02/10/15 with modification to Tylenol number four #42. Review of reports does not show when the patient first started on this medication but according to the utilization review letter dated 02/10/15, the medication was listed as current medication on 01/06/15 report. OMTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this patient, the treater documents pain levels at 9-10/10 on 12/16/14 and 1/6/15 reports but no before and after pain scales are provided showing analgesia. No ADL's are mentioned showing significant functional improvement. No validated instruments are used to show that the use of opiate is making a difference in this patient's function. There are no discussions regarding aberrant behavior including UDS, CURES, pain contract, etc. There is no discussion regarding any side effects either. There is insufficient documentation of the 4A's, as required by MTUS. Therefore, the request IS NOT medically necessary.

Pharmacy purchase of Naproxen 550 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: This patient presents with cervical spine strain/sprain, right shoulder strain/sprain, and lumbar spine strain/sprain. The request is for Naproxen 550MG # 90 on 02/03/15. The patient is temporarily totally disabled per 01/13/15 report. MTUS p22 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. (Van Tulder-

Cochrane, 2000) 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." It is not known exactly when the patient began taking this medication but it was listed as current medication as early as 12/16/14. MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis conditions. However, the reports provided do not document pain relief and functional improvement from the use of the NSAID. MTUS p60 require recording of pain and function with use of medication for chronic pain. Therefore, the request IS NOT medically necessary.

Pharmacy purchase of Flexeril 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs.

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

Decision rationale: This patient presents with cervical spine strain/sprain, right shoulder strain/sprain, and lumbar spine strain/sprain. The request is for Flexeril 100MG # 90 on 02/03/15. The patient is temporarily totally disabled per 01/13/15 report. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. Reports show that the patient has been on this medication as early as 12/16/14 indication long-term use. MTUS does not support more than 2-3 weeks use for this medication. There is also no documentation of flare-up's or exacerbation to warrant the use of this medication. The request IS NOT medically necessary.